

1993

Four problems, one solution

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San Jose State University

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Corneille, Edward Emmanuel, M.S.

San Jose State University, 1993

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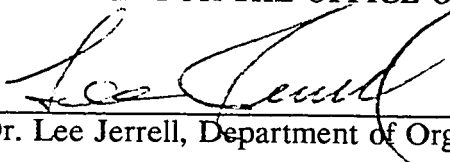
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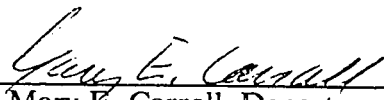
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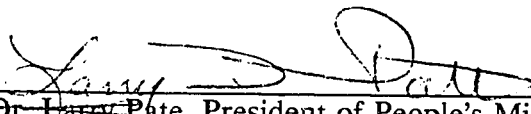
In Partial Fulfillment
of the Requirements for the Degree
Master of Science
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By
Edward Emmanuel Corneille
August 1993

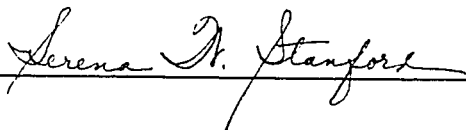
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Serena N. Stanford

ABSTRACT

FOUR PROBLEMS, ONE SOLUTION

by Edward Emmanuel Corneille

This Master's Thesis/Project is based on the belief that there are solutions to the social problems which confront the world community. Having related and analyzed four major social problems - poverty, homelessness, substance abuse, and crime - the author offers a program to help resolve them. The proposed solution is an effectiveness-based program which is global in scope and entitled "The Christian Embassy." The program is described in detail in the form of a business plan and presented as the project part of this Thesis/Project.

The thesis part of this Thesis/Project provides profiles of Santa Clara County and the Third World as well as a description and analysis of the four major social problems selected. Although the basic approach taken in the discussion of these problems is sociological, the author also draws on psychology, economics, political science, and other disciplines for perspectives that offer additional insights.

TO GOD BE THE GLORY!

This thesis is dedicated to God - my Father which is in Heaven, Jesus Christ, His Son and my Savior and Lord, and the Holy Spirit my Helper, Guide and Comforter - for without Him I simply could not have written this document.

It is He who gave me the ability to perform the necessary research; the understanding to clearly report and adequately interpret the findings of my investigations; the wisdom to apply the knowledge acquired into the design and implementation of a program which is aimed at restoring hope and dignity in the lives of millions of hurting, needy people throughout the world; the strength to endure and overcome in difficult and discouraging times during the preparation of this document; and the boldness to stand for Biblical principles in a world that is increasingly against Christians or rather against Christ, the very One whose primary purpose was and forever is to give Life to all who come to Him.

This thesis is also dedicated to my late father who taught me to never give up when pursuing worthy and noble goals, and to my mother who never gives up on me as I strive to reach my full God-given potential.

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San Jose State University

MBA Department
College of Business
San Jose State University

Public Administration Department
San Jose State University

Foreign Language Department
San Jose State University

Graduate Studies Department
San Jose State University

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National Coalition for the
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Washington, DC

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Santa Clara County

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Santa Clara County

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Santa Clara County

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Santa Clara County

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Gail Grant
My good friend

Emile Corneille
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Felix Gonzalez Beltran
My Godson

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INTRODUCTION

Anyone who reads a newspaper or watches the news on television knows that we are living in a world full of problems. The amount of individual misery and misfortune seems endless. Old problems appear to remain unsolved and even worsen while new ones, such as AIDS, add to the list. Poverty, homelessness, substance abuse, crime, racism, sexism, mental illness, divorce, abortion, prostitution, spouse abuse, child abuse, overpopulation, pollution, war, and terrorism are just a few of the problems we face in the world today.

The list of problems is so depressingly long that many people simply conclude that nothing can be done to solve them. One can understand the rationale for such a conclusion: the developed world has experienced prosperity unequalled in the history of the world, achievement in the various scientific fields has been so great that it is almost unbelievable, both the public and private sector of first-world nations have spent billions upon billions of dollars trying to solve their social problems yet the problems are still unsolved.

At least, the general public has come to recognize that these problems do in fact exist and is increasingly concerned with solving them. Many of these problems have now become the focal issues in national, state, and local politics in most developed countries, as well as among world leaders of business and industry, most ethnic or minority groups, and religious leaders. However, all of this concern and costly subsequent actions have not provided solutions to the problems.

In reality, can these problems be eradicated, or at least reduced? There are people who see no solutions. There are others who believe that these problems can be at least reduced by doing what sociologists, through research and theories, have suggested to be good remedial actions. Although I have a realistic understanding of the difficulties involved in resolving or reducing these problems, I am confident that there are actions that can be effective. Thus, I propose the attached Plan which utilizes sociological, psychological and administrative knowledge to compliment spiritual principles in order to help reduce these problems.

I am fortunate to have been allowed by San Jose State University to do my thesis on a topic in which I have been tremendously interested since I was a young boy. I am also delighted that I was given the freedom to prepare this thesis to fit not only my interests but also my experiences.

Furthermore, it has been very stimulating to work in an interdisciplinary program which gave me the flexibility to connect and integrate a wide array of disciplines and professions, such as sociology, psychology, psychiatry, social work, economics, history, education, law, political science, international relations, public administration, business administration, and foreign cultures and civilizations.

This thesis consists of two parts: a review of selected social problems and a project designed to help reduce the problems. The first part is the Thesis, and the second part is the Project. Thus, the complete work is referred to as the "Thesis/Project."

The first part provides a general description and analysis of four major social problems: poverty, homelessness, substance abuse, and crime. Each problem is examined as it impacts the United States and Santa Clara County (California). Poverty is also discussed in relationship to its general impact on the Third World.

Being a resident of both the United States and Santa Clara County, it is my obligation to be aware of, understand, and be concerned about the social problems which confront those areas. Only then can I make a positive contribution in the efforts to solve them. The Third World is of particular concern to me because of the great needs that exist in that part of the world. For example, it is estimated that one billion people live in absolute poverty in the Third World. I simply want to be instrumental in the fight against the social evils that confront that region. Besides, in a world that is becoming more and more globalized, at least politically and economically, the social problems of the Third World are or will eventually become ours.

Throughout the thesis, the discussion of the selected social problems is organized in a way that provides an understanding of various sociological theories as well as findings and explanations from other sciences which explain the nature of social problems and which contribute to their solution. Also, the following material will be presented in the analysis of each problem: current efforts, programs, and services to resolve the problem and in some cases merits and shortcomings of the remedies used to solve or reduce the problem.

Statistical data are presented with the purpose of painting an overall picture

of each problem and serving as a basis for planning the attached Project or Plan. Such data were obtained through a wide variety of sources, primarily literature review, field observation, and interviews with officials of Santa Clara County, the State Department, and numerous nonprofit agencies. Other data sources include the Census Bureau, World Bank, United Nations Development Program and many others.

The data presented provide a depiction of the type, size and scope of each problem as well as its relevant historical highlights, theory, research finding and etiology. They are also given in order to have a clearer understanding of the problems discussed and to provide help in identifying the most effective directions for planning decisions related to my project.

In short, the thesis will answer the following questions based on two frameworks for problem analysis in the planning process phase, offered by Cohen (1964), and Morris and Zweig (1966):

1. What is the nature of the situation or condition being discussed?
2. What are the characteristics of those experiencing the condition?
3. What is the scale and distribution of the condition?
4. How widely is the condition recognized?
5. Who defines the condition as a problem?
6. What is the etiology of the problem?
7. Are there ethnic and gender considerations?

Also, since the proposed plan will be first implemented in Santa Clara County, a demographic profile of that area is provided. In addition, a brief overview of the Third World is presented in order to understand the severity of the social conditions in that part of the world and provide motivation to do something to change the situation. Third World countries are important targets for the implementation of the proposed project.

The second part of this Thesis/Project is a "Business" or Program Plan which resulted from careful planning in the areas of program definition, problem analysis, needs assessment, selection of a strategy, establishment of objectives, program design, management information system, budgeting, and program evaluation. The plan was developed primarily using and applying knowledge and skills acquired through the MBA (Master's of Business Administration) and MPA (Master's of Public Administration) programs at San Jose State University (SJSU), courses in Cultures and Civilizations taken through the Foreign Language Department at SJSU, and personal and professional experiences in dealing with and helping people with problems.

The project sets forth a socio-spiritual program of comprehensive services carefully designed to be effective and successful in achieving positive changes in the lives of the people we will serve. In all practicality, the plan serves three important functions. First, it is a plan which can be used to develop ideas about how business should be conducted. It allows me to examine the agency and programs I propose from all perspectives, such as marketing, finance and

operations. Second, since a business plan is or should be "a retroactive tool against which a businessperson can assess a company's actual performance over time" (Siegel et al., 1987:1), my plan will be used as the basis of new or revised plans in the future. Third, the plan is to be used as a tool to raise money for the proposed Program.

In short, the purpose of this Thesis/Project is to help me and readers to better understand the four social problems selected for discussion. By so doing, a plan is developed through which I, along with other concerned persons, and private and public agencies and corporations, may contribute to an enhancement in the quality of life of individuals affected by those problems. This plan needs to be applied not only in Santa Clara County but also throughout the world. It is global in scope in that it is designed to be implemented in many U.S. cities and towns as well as in the Third World. We begin by taking a general look at Santa Clara County. A description and analysis of the four selected social problems follows.

PROFILE OF SANTA CLARA COUNTY

Most of the information presented in this section was obtained through interviews with officials of Santa Clara County and human service organizations in the County, and reports, such as: 1) Alcohol And Drug Plan, January 1993 prepared by the Santa Clara County Bureau of Alcohol and Drug Programs (BADP); 2) A Community Challenged prepared for United Way of Santa Clara County by Harder and Kibble Research in September 1989; and, 3) Homeless in Santa Clara County, 1989, prepared by the Homeless Overview Study Task Force (HTF) for the Santa Clara County Board of Supervisors.

Santa Clara County, the fourth most populous of California's 58 counties, is located in the San Francisco Bay area in the northern part of the state. It is comprised of fifteen cities including San Jose where the author's plan will be first implemented. Each city within the county has a very diverse population in terms of ethnicity, income, and employment.

Being the home of Silicon Valley, Santa Clara County is well-known and enjoyed for its climate, scenic mountains, and beautiful beaches. The county's population is over 1.49 million according to Alternatives Futures: Trends and Choices, a report published by the county's Strategic Vision Steering Committee in 1990. According to projected population figures from the county's Advanced Planning Office for 1990, 69.1 percent of the county's residents are White, 9.7 percent Hispanic, 17.5 percent Asian, and approximately 3.7 percent are Black. These figures are based on the 1980 census. The following chart was prepared by

the Santa Clara County Advanced Planning Office.

TOTAL POPULATION

Racial/ Ethnicity	1980	1985	1990	1995
White	919,700	919,800	944,400	985,200
Hispanic	225,400	263,900	312,500	358,800
Asian*	107,100	158,200	214,500	274,300
Black	41,900	43,500	46,100	49,500
Total**	1,295,100	1,385,500	1,517,700	1,677,800

PERCENT OF TOTAL POPULATION

Racial/ Ethnicity	1980	1985	1990	1995
White	71	66	62	59
Hispanic	17	19	21	22
Asian*	8	11	14	16
Black	3	3	3	3
Total**	100	100	100	100

* Includes Pacific Islander, American Indian, Eskimo and Aleutian

** Totals may not equal sum of individual items due to rounding

Santa Clara County has one of the strongest economies in the country. Total employment figures in 1988 were 816,600. Industrial concentrations vary from agriculture, with a crop value of \$143 million, to high tech, education, recreation, and defense. One out of every three workers in the county is employed in manufacturing. Being strong economically, the county has a fairly low

unemployment rate. The following chart prepared by the California Department of Health Services in 1989 is a summary of relevant economic indicator information:

	Santa Clara County	Statewide
Unemployment as a percent of the civilian labor source.....	3.8%	5.1%
AFDC recipients as a percent of the population.....	4.3%	6.2%
SSI/SSP recipients as percent of the population.....	1.1%	1.4%

However, although the county's social and economic climate is positive, there are social problems to confront. A description of the nature and extent of each problem faced by the county will be presented later. At this point, it is important to examine the definitions and descriptions of "social problems" before undertaking an analysis of specific problems.

SOCIAL PROBLEMS

Poverty, air pollution, crime, overpopulation, war, racism, discrimination, drug abuse, alcoholism, homelessness -- the list of social problems goes on. Can these problems be solved and how? People see problems through their own contextually based paradigms. We need to define problems objectively. Then we need to find and implement solutions that indeed solve problems.

Kettner, Moroney, and Martin (1990:36) said that a problem that is "inadequately defined is not likely to be solved." In this section, therefore, we will properly define "social problem." A social problem is usually defined as a condition that is harmful to society. Obviously, this is not a very precise definition in that what may be harmful to some people may not be harmful to others or may even be beneficial to them.

Another definition claims that a social problem exists when there is a sizable difference between the ideals of a society and its actual achievements (Merton, 1976). But, does any one society have a single set of ideals? Also, how can one truly determine what are the values of a society? A society usually has many contradictory and conflicting beliefs.

Many sociologists, however, agree on the definition that holds that a social problem exists when a significant number of people believe that a certain condition is in fact a problem (Blumer, 1971). Horton and Leslie (1955:4) defined a social problem as " a condition affecting a significant number of people in ways considered undesirable, and about which it is felt something can be done through

collective social action." Similarly, other sociologists maintain that social problems are "any undesirable condition or situation that is judged by an influential number of persons within a community to be intolerable and to require group action toward collective reform" (Theodorson and Theodorson, 1969:392).

The last three definitions do not call for a value judgment by sociologists who have the task of studying and explaining social problems and their causes; the public decides what conditions are social problems. One difficulty with those definitions lies in that question: how many people constitute the public, or a significant or influential number?

Community leaders, politicians, sociologists, and other professionals spend much time identifying social problems and attempting to solve them. Most would agree that identifying social problems is not an easy task especially when this is usually done in terms of majority opinion.

Curran and Renzetti (1993:5-6) explained that "although one can easily think of a number of situations that most people would consider deplorable, there are as many, if not more, issues whose status as social problems is contested." That is why Nelson (1984:27) differentiates between what he calls valence issues and position issues. A valence issue is one that "elicits a single, strong, fairly uniform emotional response and does not have an adversarial quality." Child abuse is an example. In contrast, a position issue is rather controversial in that people may be for or against it (Curran and Renzetti, 1993). Abortion is an example.

In this Thesis/Project, all the problems discussed qualify as social problems

and all deal with valence issues. Each problem conflicts with strongly held values and ideals, and significant groups of people view them as social problems. The problems under discussion are: poverty, homelessness, substance abuse, and crime.

POVERTY

The United States is still one of the world's top economic powers, well known for its abundant wealth. But not everyone is affluent in the country. There are between 32 and 35 million poor people in the U.S., which means that 13 to 15 percent of all Americans are poor (Curran and Renzetti, 1993). Some experts estimate the number of poor at 50 to 60 million (DeParle, 1992). According to Oxfam America, an international organization that funds self-help projects and relief in third-world countries, at least 20 million people in the U.S. do not have enough to eat on any given day (Curran and Renzetti, 1993). A study by the Food Research and Action Center found that 5.5 million children under the age of twelve in the U.S. experience hunger (Pear, 1991).

Definition of Poverty

People are considered poor in one of two ways. They either are "absolutely" poor because they lack money to meet their very basic needs such as food, housing, and clothing, or they are "relatively" poor because they have "significantly less income and wealth than the average person in their society" taking into account that as a result of this they suffer psychological and sociological exclusion from the mainstream of society (Coleman and Cressey, 1993:143). Government agencies and social scientists tend to use the absolute approach more than the relative approach. The U.S. government sets the "poverty line" and any family with income below the line is officially poor. In 1963, the poverty line for a family of four was \$3,000; in 1989 it rose to \$11,662 (U.S. Bureau of the Census,

1991:467), and in 1990 it reached \$13,360 (Curran and Renzetti, 1993).

Although the percentage of Whites below the poverty line is greatly lower than it is for most minorities, most poor people in the U.S. are white. According to U.S. Census figures, approximately two-thirds of the poor are Whites. However, in 1989 about 10 percent of all Whites were poor while more than 30 percent of all Blacks were poor (U.S. Bureau of the Census, 1991:463). The situation with Hispanics and other minority groups will be discussed in subsequent sections.

The Causes of Poverty

Many causes of poverty have been identified throughout the ages: a high unemployment rate, underemployment, low-paying jobs, poor physical health, physical disabilities, emotional problems, alcoholism, drug addiction, racial discrimination, mismanagement of resources, gambling, sex discrimination, no cost-of-living increases for people on fixed income, etc. The list seems unlimited.

Although all the above-mentioned causes may have something to do with being poor, three main explanations of poverty appear paramount. They are: economic explanations, cultural explanations, and political explanations. Also discussed are two important factors which contribute to poverty -- financial inequality and social stratification.

Economic Explanations

Two obvious causes of poverty are low income and the lack of jobs for those in the lowest social class of society. Coleman and Cressey (1993:153) report that

in some cases "even a full-time job at the minimum wage is not enough to keep a family out of poverty" in the United States.

The unemployment rate keeps increasing cyclically and many more people are looking for jobs to no avail, thus becoming discouraged. In his analysis of joblessness among men in their prime earning, Jencks (1991) noticed three recent peaks: in 1961, at around 8 percent; in 1975, at around 11 percent; and in 1983, at around 14 percent.

Workers' wages have been decreasing over the past few years. Expressed in constant 1977 dollars, the average wage of workers in the United States has dropped from \$5.38 in 1973 to \$4.80 in 1989 (Coleman and Cressey, 1993; Meisler and Fulwood, 1990).

Finally, it appears that the poor spend more money than others do for the same services or items. For example, poor people living in the slums often pay more money for renting a rundown apartment in the slums than people living in a small town pay for a nice home with a garden (Coleman and Cressey, 1993). Also, because the poor are not mobile, they simply make most of their purchases at convenient, local stores where prices are generally higher than those in affluent areas. And, unfortunately, when the poor need a loan, they often do business with loan sharks or loan companies which charge very high interest rates.

Financial Inequality in the U.S.

Is the old saying that "the rich get richer and the poor get poorer" true in America? It appears to be. There is definitely a problem of financial inequality.

Although the problem may not be a direct cause of poverty, it certainly contributes to it in some ways.

One significant indicator of that inequality is **income distribution**. Since 1968, the percentage of income held by the poorest social class has declined by one percent, while the share of the richest class increased by 4 percent (Curran and Renzetti, 1993). Although between 1977 and 1989, total income in the U.S. increased by approximately \$740 billion in inflation-adjusted dollars, the richest 1 percent received 60 percent of the after-tax income gain; the next 4 percent of the population received 14 percent (Curran and Renzetti, 1993). The other 95 percent shared only 26 percent of the gain. According to Business Week magazine, the average pay for a chief executive of an American corporation in 1990 was \$1,952,806; the five million workers earning minimum wage received only \$7,670 if they worked full time during the whole year (Byrne, 1991).

Another important indicator of this financial inequality is **wealth**, which Webster's II New Riverside Dictionary (1984:780) defines as the "abundance of riches, resources or valuable possessions." From 1810 to 1989, the richest one percent of the U.S. population has controlled about one quarter of the country's wealth. More astonishing, between 1972 and 1989, this quarter became more than a third of all the wealth (Curran and Renzetti, 1993). True, a slight redistribution of wealth may have been evident in the 1970's, but experts agree that it was "hardly of social or economic significance," because it was a "redistribution from the super rich to the nearly super rich" (U.S. Congress, Joint Economic

Committee, 1982:200). Furthermore, less than 2 percent of the population owns almost 80 percent of stocks, 88.5 percent of corporate bonds, and nearly all state and municipal bonds. The following table shows the personal assets controlled by the top one percent of the U.S. population.

**Share of Personal Wealth
Controlled by One Percent of U.S. Population**

Asset Percentage Held by Top 1%	
Securities	63
Businesses	61
Miscellaneous Assets	43
Real Estate (other than principal residence)	43
Bank Accounts	18
Life Insurance	12
Total Assets (net worth)	37

Source: Curran and Renzetti, 1993

Research points out that the United States has the largest gap between the rich and the poor of any industrialized nation. (Kerbo, 1991). Coleman and Cressey (1993:142) reported that the infant mortality rate -- "a common indicator of the amount of poverty in a nation -- is also substantially higher in the United States than in Japan, Canada, and most Western European nations."

Cultural Explanations

Many scientists offer cultural explanations to the problem of poverty. Oscar Lewis (1965), an anthropologist, introduced this concept known as "culture of poverty." After having studied the situation of the poor in various parts of the world, Lewis concluded that the poor are poor because they have a distinct

culture. This culture evolves after extended periods of economic lack. Lewis (1966:25) claims that the "individual who grows up in this culture has a strong feeling of fatalism, helplessness, dependence, and inferiority, a strong present-time orientation with relatively little disposition to deter gratification and plan for the future, and a high tolerance for psychological pathology of all kinds."

Lewis did not disregard the economic causes of poverty; he simply saw that the economic deprivation experienced by poor people led to the development of despair and hopelessness. According to Lewis, this culture of poverty is passed down from generation to generation (Coleman and Cressey, 1993) and continues to exist even when the economic factors that caused it no longer exist (Zastrow and Bowker, 1984). The poor remain in their culture primarily because they are socially isolated from the mainstream of society. The percentage of poor people living in a culture of poverty is much lower in the United States than it is in many other societies; this is due to the relatively low level of illiteracy and the influence of the mass media (Coleman and Cressey, 1993). Lewis (1965) estimated that only 20 percent of American poor people live in such a culture.

Social Stratification in the U.S.

Every society experiences the stratification of social classes. Although the U.S. Declaration of Independence clearly states that "all men" are created equal, it does not appear that "all men" equally share in the wealth of the nation nor do they realistically have equal access to that wealth. Indeed, the U.S. has social classes within its populace.

A pioneer in the attempt to empirically describe the level of social stratification in the U.S., William Lloyd Warner (1963) identified three basic classes in the United States, each with two subcategories. Curran and Renzetti (1993:161) presented the six classes in this manner:

- " * **Upper-upper class** - The established wealth of America with high-society lifestyles. Wealth is often inherited.
- * **Lower-upper class** - The new rich who are not yet accepted into high society.
- * **Upper-middle class** - Professionals, managers, and those who own small businesses who earn a good income and can afford above-average housing, probably in the suburbs.
- * **Lower-middle class** - White-collar workers, middle management personnel, and public servants who make somewhat less than the upper-middle class.
- * **Upper-lower class** - Blue-collar workers with modest incomes.
- * **Lower-lower class** - The poor of our society."

It is important to point out that at the bottom of the lower-lower class there is another group of people classified as the "underclass" by Gunnar Myrdal in his articles published in the New Yorker magazine in 1981 (Coleman and Cressey, 1993). This underclass is either caught up in long-time poverty and includes between 40 and 60 percent of all poor (Kerbo, 1991), or is "acutely poor" and comprises 30 to 45 percent of all poor or live in extremely poor neighborhoods

and makes up a little less than 10 percent of all poor (Wilson, 1991). Wilson (1987:6) described the underclass as "the heart of the problem of poverty." Between 1975 and 1988, members of the underclass with incomes less than half the poverty line increased by one-third (Wilson, 1991). People belonging to this class tend to come from single-parent families, be illiterate and welfare dependent, and have very high rates of mental illness, drug abuse and alcoholism. They are for the most part excluded from the economic mainstream of society and they barely survive in social conditions that last for a very long time (Van Haitsma, 1989). Considering the underclass as those living in extremely poor neighborhoods, 65 percent of them are Black, and 22 percent Hispanic (Wilson, 1991).

Political Explanations

In addition to the economic and cultural explanations for poverty, there are political reasons for the continued presence of poverty in the United States. Because America is thought to be a land of opportunities for all to prosper, many Americans believe that the poor are poor because they are lazy and not desirous of taking advantage of these opportunities. This belief, based on the ideology of individualism which partly holds that the poor are responsible for their poverty tends to discourage any political action that could bring an end to poverty in the country.

According to Gans (1971) poverty is valuable to the upper class; and many wealthy, powerful groups do not want it eradicated. The idea here can be

summarized by the obvious answer to the question that if there are no poor people, then who will do society's unpleasant and dangerous jobs? Also, "the low wages the poor receive for their work subsidize the wealthy by keeping the prices of goods and services low, and profits high" (Coleman and Cressey, 1993:156). Furthermore, because of the existence of poverty, many people such as public administrators, social workers, police officers, and prison guards, are employed. Poor people also provide significant profits to merchants who sell items which otherwise would have been thrown away. Finally, poverty gives the people above the poverty line reason to feel superior to those below that line. Thus, as Coleman and Cressey (1993:156) conclude, "the contribution of poverty to the comfort of the middle and upper classes creates powerful opposition to any program that is likely to reduce it significantly."

How the U.S. Government Responds to Poverty

The federal government offers a variety of benefits to the poor through a troubled and not so effective welfare system. Aid to Families with Dependent Children (AFDC) is the largest of the welfare programs. It provides monthly cash grants to poor families. In 1991, 4.6 million families were receiving AFDC (DeParle, 1992:A16). Although helpful to the recipients, AFDC spending is declining. In 1972, for example, 63 percent of single women with children received AFDC compared to only 45 percent in 1988 (Jencks, 1991). In 1987, there were only three states in the U.S. which provided enough AFDC and other assistance to keep a family above the poverty line (Kerbo, 1991).

The notion of "workfare" is being tried in the U.S. The idea here is to get mothers who receive AFDC off welfare by training them and placing them in jobs (Coleman and Cressey, 1993). Based on this philosophy, the Work Incentive Program which encourages welfare mothers to find employment was created and is expanding. Unfortunately, most of these programs, even the most successful ones, fail to place about a third of the participating mothers in a job, and generally those who do secure employment do not earn enough money to get off welfare (Whitman, 1987).

SSI (Supplemental Security Income) also provides cash grants to poor people who are disabled, blind, or elderly. The government also offers noncash programs which provide goods and services to the poor. The food stamp program gives coupons to the poor which can be exchanged only for food. However, Curran and Renzetti (1993) report that between 1981 and 1988, almost four million fewer poor people received food stamps. The federal Special Supplemental Food Program for Women, Infants, and Children (WIC) provides food primarily to children and pregnant women. However, the 1991 study by the Food Research and Action Center revealed that 45 percent of those eligible for WIC were actually receiving benefits and of those getting aid, one-third reported that they were still hungry (Pear, 1991).

Medicaid helps pay for health care expenses, but even this program is having to cut back. Housing assistance is provided through federally subsidized low-income housing. In 1981, the federal government spent \$24 billion on low-income

housing; in 1991, it spent only \$9.4 billion. It was estimated that, in 1991, 2 million individuals were on the waiting lists for public housing (U.S. Department of Commerce, 1990; Children's Defense Fund, 1991).

The government has other programs aimed at reducing or eliminating poverty. They include the following: unemployment insurance, disability, Job Corps, and family planning clinics. Most of these programs, however, are not necessarily effective. Overall, although the U.S. welfare programs help keep most recipients from starvation, they certainly fail to reduce the level and consequences of poverty in the country.

The Picture of Poverty in Santa Clara County

In this section, an overall picture of the problem of poverty in Santa Clara County is presented. Most of the information provided herein is drawn from the 1990 Census, interviews with staff of the county's Department of Planning and Development, A Community Challenged: A Technical Report On Human Needs In Santa Clara County, (United Way), Community Services Block Grant Plan for 1993 prepared by Economic and Social Opportunities, Inc. (ESO), FFY 1993 Service Provision Plan prepared by the county's Social Services Agency, and Comprehensive Housing Affordability Strategy (CHAS) done in 1991 and 1992 by the City Of San Jose Department of Housing.

Santa Clara County is by most standard a prosperous community. According to the 1990 Census, the median household income was \$48,116 -- an income higher than that of the state and nation as a whole. In San Jose, the adjusted

income for a household of four was \$59,500 in 1992 (CHAS, 1992). However, not everyone in the county is prosperous. There were 31,233 households living under the poverty level during that year (ESO, 1993). The total number of persons who had incomes below the poverty line was 109,806 (Census, 1990).

The 1990 Census also shows that there were 364,307 families residing in Santa Clara County in 1989. Of these, 18,074 or about 4.96 percent of had incomes below the poverty level. The proportion of families living below the poverty line was much higher for Hispanic (11.6 percent), Black (9.6 percent), and Asian families (7.7 percent) than for Whites (3.1 percent) (ESO, 1993). Obviously, minority families are more likely to be living in poverty than their white counterparts.

Of the 18,074 poor families, 8,205 or 45.4 percent were married-couple families. Of the remaining 9,869 poor families, 1,597 or 8.8 percent were male-headed (without a wife) and 8,272 or 45.8 percent were headed by women (without a husband) (Census, 1990). In 1989, there were 51,593 female householders in Santa Clara County (ESO, 1993).

The proportion of female-headed, poor families in the County was higher for Hispanic, Black, and Asian families than for Whites. About 30 percent of all Black families were headed by women and 66.7 percent of all Black families living in poverty were female-headed. Almost 51 percent of all poor hispanic families were female-headed. Less than 11 percent of all Asian families were headed by females, but 28.6 percent of all Asian families living below the poverty level was

female-headed (Census, 1990; ESO, 1993).

In addition to the 18,074 poor family households in the county, there were 13,159 non-family householders (9,304 living alone and 3,855 not living alone) that reported incomes below poverty in 1989. The county had a total of 31,233 households officially living in poverty during that year (Census, 1990). This represents 6 percent of the 522,040 total households in Santa Clara County.

The 1990 Census indicates that the number of persons for whom poverty status was determined in Santa Clara County in 1989 was 1,462,674, representing 98 percent of the county's population. Of these 1,462,674 people, 109,806 or 7.5 percent had incomes below the poverty level. Poor Whites constituted 5.3 percent of all Whites while poor Blacks made up 12.7 percent of all Blacks. Fourteen point three percent of the Hispanics and 10 percent of the Asians reported incomes below the poverty level during 1989. Among American Indian, Eskimo and Aleut persons for whom poverty status was determined, 1,212 out of 8,725 or 13.9 percent were living in poverty. Clearly, all minority groups combined accounted for 50.8 percent of the total number of people living below the poverty line. In addition, 36,585 "unrelated individuals" or 14.2 percent of all unrelated individuals residing in the county in 1989 were poor.

The Census further revealed that of the total number of persons having poverty status in 1989, about 36,759 or 33.5 percent were children under the age of 18. Approximately 12,358 or 11.3 percent were 55 or older.

In 1989, the median household income for White families was \$49,552

compared to \$35,404 for Hispanic families. For Black families, it was \$35,182 and for Asian families, \$50,216 (ESO, 1993). However, according to the 1990 Census, 35,217 households were dependent on public assistance averaging \$6,211 per household per year. From October 1992 to March 1993, the County Social Services Agency (CSSA) provided an average of \$27,177,297 per month to the county's poor as cash assistance including food stamps (CSSA, 1993). The following chart presents the public assistance scene as to the number of public assistance recipients in the county from 1986 to 1988.

**Public Assistance
Average Monthly Recipients by Program
Santa Clara County, 1980-1988**

	1980	1986	1988
AFDC	18,942	21,747	22,772
GA	2,148	2,049	2,230
Food Stamps	N/A	6,712	6,151
SSI	25,029	24,914	27,743
MediCal	96,247	98,500	112,483
Section 8 Allocations	3,837	6,392	6,269
Refugee Assistance (Cash Only)	N/A	1,084	882

Source: United Way, 1989

HOMELESSNESS

They seem to be everywhere. They sleep in parks, abandoned vehicles and houses, and under bridges. We see them at the libraries, public buildings, and in front of stores. They are in cities, in suburbs, and in rural areas (Wilkinson, 1989). Sometimes they commit crimes, sometimes they are the victims of crime. Some are mentally ill, others are alcoholics, and many are addicted to drugs. Yet, most attended high school and over 24 percent went to college (Morgan, 1991). And, 40 percent of them consist of families and children (Select Committee on Children, Youth, and Families, 1987). They are the homeless of America, and their number ranges from 228,621 to 3 million (See "Number of Homeless People in the U.S." below).

Although the problem of homelessness in Europe is not as severe as it is in the United States, it does exist. A study by the Salvation Army estimates that the homeless population in Paris is 15,000 to 20,000 people. In Rome, Catholic Charities estimates there are 6,500 people homeless. In London, the Salvation Army estimates there are 2,000 people homeless. In Berlin, at least 7,400 people are officially without housing, and in Madrid, the number of homeless people may be as high as 10,000 (Curran and Renzetti, 1993).

A condition within any society becomes a social problem when a significant portion of the public considers it as a social problem. According to this definition, homelessness is definitely a social problem in the United States. The American society seems to be greatly aware of and concerned about homeless

people. In recent years, tremendous attention has been given to homelessness by both national and local media. Rossi (1989) reports that articles about the homeless listed in the Readers' Guide to Periodical Literature rose from zero in 1975 to thirty-four in 1984 and forty-eight in 1986.

Definition of Homelessness

We will use a literal definition of homelessness. Homelessness is as a condition characterized by a lack of a place to live due to a lack of money to secure such a place. The homeless person is thus forced to sleep in shelters, under bridges, in the streets and parks, in cars, abandoned buildings, or wherever he or she may get some rest.

The definition most common in the social science studies of homelessness also addresses literal homelessness, defined as "not having customary and regular access to a conventional dwelling" (Rossi, 1989:10). Conventional dwellings include homes, mobile homes, apartments, and rented units (in hotels, lodging houses, or private homes). An unconventional dwelling is defined as any structure that is not identified to be used as a sleeping place, including public areas such as bus stations lobbies, abandoned buildings, dormitory arrangements (as in shelters), cars, vans, trucks, and scrap-material shacks (Rossi, 1989).

Number of Homeless People in the U.S.

The U.S. Census Bureau counted 228,621 homeless people in its 1990 survey, but their goal was not to actually count every homeless people in the land for such a task appear to be impossible (Associate Press in Los Angeles Times,

1991:A27). According to the Urban Institute, there are about 600,000 homeless in the U.S., but the Department of Health and Human Services claims the number to be 2 million. Advocates for the homeless have a figure of about 3 million (Levitas, 1990).

Why So Many Homeless in the U.S.?

There are several explanations as to why the number of homeless people is so high in the U.S.

Deinstitutionalization

One popular reason is the deinstitutionalization movement which is blamed for sending countless mental patients in the streets. In 1975, the U.S. Supreme Court, in the case of "O'Connor v. Donaldson" ruled that individuals who are not considered to be a danger to themselves or others cannot be held against their will without being treated (Conrad and Schneider, 1980). Deinstitutionalization became a reality as a result of severe criticism of the degrading, dehumanizing ways of treating the mental patients in mental institutions. It was being reported that from the time they arrive at the institution, the mental patient undergoes what Goffman (1961) called "degradation rituals" that took away their dignity as well as their identity. Another reason was that politicians wanted to allocate less money to these already overcrowded institutions.

The goal of deinstitutionalization was to treat more mental patients in community mental health centers. It is estimated that 2,000 such community centers were needed to assist the deinstitutionalized patients, but only about 700

were built (Coleman and Cressey, 1993).

The sad fact is that mental institutions still receive two-thirds of state and local funding even though about 63 percent of mentally ill people with serious disorders are in the community (Morgenthau, 1986). In 1955, the number of patients in state mental institutions was 552,000; in 1990 the number was 119,000, although the U.S. population has grown by 50 percent between 1955 and 1990 (Toufexis, 1990).

Deinstitutionalization certainly has been a major factor in the increased size of the homeless population, but it is not the only factor. A study of homeless adults in Texas stated that "the most common face on the street is not that of the psychiatrically-impaired individual, but one caught in a cycle of low-paying, dead-end jobs that fails to provide the means to get off and stay off the streets" (Snow et al., 1986).

Government Indifference

Another important reason for the increase in homelessness in the U.S. is "the indifference of the federal government" (Coleman and Cressey, 1993:147). Subsidized housing programs were cut by 75 percent during the Reagan administration, and the Tax Reform Act of 1986 eliminated the tax breaks that were meant to encourage investments in rental properties by the private sector (Johnson, 1991; Levitas, 1990).

High Cost of Housing

The leading cause of homelessness in the United States is the inability of the

poor to afford housing. Housing costs in terms of ownership and rentals have risen greatly over the past few years, while the income of the poor Americans have stagnated.

Peterson (1991:606) concluded that the housing problem "can be summed up as one of cost versus income." In the 20 years from 1970 to 1990, the median price of a starter house for a typical married couple between 15 and 29 years old rose by 21 percent in constant dollars, while the income of this typical couple declined by 7 percent, from \$28,500 to 26,700, also in constant dollars. Also, a study made by the Federal Reserve Board in 1991 shows that poor people receive fewer mortgage loans than the wealthy, and that Blacks receive fewer such loans than whites. Furthermore, it is estimated that about 1 percent of homeowners are forced to give up their homes because they cannot make the mortgage payments (Curran and Renzetti, 1993).

Renters, who make up one-third of the nation's households, also face difficulties in affording housing. From 1974 to 1983, housing units that rented for less than \$250 per month diminished by over 1 million. During the same time, units renting for more than \$400 per month increased by 4.5 million while the number of households which needed low-rent housing increased by 3 million. It is estimated that by the year 2003 only 10 million low-rent housing units will be available, while the demand will be at 17 million (Apgar and Brown, 1988).

Rental cost is another problem for renters. Between 1983 and 1990, rent increased over 38 percent when adjusted for inflation (Curran and Renzetti,

1993). The average rental cost for housing has risen twice as fast as the average income of renters (Harris, 1990; Edsal, 1991). The National Coalition for the Homeless (NCH), reports that half a million low-rent units are lost annually through conversion, arson, abandonment, inflation and demolition. In addition, 2.4 million Americans are involuntarily displaced from their homes each year (NCH, 1993). Single parents have are greatly affected by this housing problem. It is reported that for a single parent aged twenty-five to thirty-four, rent consumes about 60 percent of income (Children's Defense Fund, 1991). Poor families are also having a hard time. Sixty-three percent of them who rent spend more than 50 percent of their income on rent; many spend 70 percent. In contrast, only 8 percent of non-poor families who rent spend 50 percent of their income for rent (Dionne, 1989).

Changes in the Economy

Structural changes in the economy have also contributed to homelessness. According to the Bureau of Labor Statistics, an estimated 2.2 million workers were dislocated from their jobs annually due to business closures or employment cutbacks from January 1981 to January 1986. Furthermore, the value of the minimum wage declined 31 percent between 1980 and 1988 (NCH, 1993).

The Picture of Homelessness in Santa Clara

According to annual estimates made by homeless advocacy groups, the homeless population in the Santa Clara County range from 13,000 to a high of 34,669 (Homebase, 1989; ESO 1993). During the year ending in June 1990, there

were 11,442 homeless people living in family units, an increase of 39 percent over the previous year. Sadly enough, there are 5,590 to 8,600 children who are homeless in the county (The Santa Clara County Children's Budget Report, 1991; ESO 1993).

Where do all these people come from? Contrary to popular belief, at least 70 percent of the homeless in Santa Clara County had their last place of residence in that county, according to a study made by the Homeless Overview Study Task Force (HTF, 1989).

The task force also reported that 62 percent of the homeless interviewed reported having family in the county. The authors of the report concluded that a component of homelessness "may be a fracturing of basic family relationships." They added that "it may be that factors leading to homelessness also contribute to the break up of the family" (HTC, 1989:iii).

The HTF study found that about 22 percent of the homeless surveyed reported having no income, and 49 percent reported their income source as Social Security Insurance (SSI), State Disability Insurance (SDI), Social Security Administration (SSA), or General Assistance (GA). How can that be in a county where the average household income is 50 percent higher than the national average household income (HTF, 1989)?

The Housing Situation in Santa Clara County

People's inability to pay for housing is a major cause of homelessness in the Santa Clara County. The median price of a home in the county rose from

\$107,700 in 1980 to over \$289,400 in 1990 (ESO, 1993). In May 1991, the San Jose Real Estate Board noted that the median price of homes sold in the county was \$227,500. Obviously, considering that the poverty line is set at \$13,950 for a family of four, poor people in the Santa Clara County could not afford buying a home.

Also, rent prices continue to increase in the county causing many low-income people to be homeless. In 1980, the median rent as reported in the HTF report was \$350 and in 1988 it rose to \$700, a one-hundred percent increase, while in the same period the increase in AFDC grant for a family of four was 33 percent. General Assistance (GA) for two people was increased 35 percent and the California minimum wage 37 percent (See Table following).

**SELECTED INCOMES AND SANTA CLARA COUNTY
RENTAL COSTS: 1980-1989**

	<u>Median Rent 2 Bdrm Apt</u>	<u>AFDC Grant California for of four</u>	<u>General Assistance Family (2 people)</u>	<u>Minimum Wage</u>
1980	\$350	\$591	\$395	\$3.10
1988	\$700	\$788	\$535	\$4.25
Change 1980-88:	100%	33%	35%	37%

Source: HTF, 1989

According to the County of Santa Clara Housing Authority, the Fair Market Rent for a two-bedroom unit is \$883, including utility allowance, as of

October 1, 1991. The Housing Authority, under the guidelines set forth by the Department of Housing and Urban Development, may provide a housing subsidy for that amount per month to low-income people. Unfortunately, at this time, applications are closed to families. Only senior citizens and disabled people may apply. Approximately 10,000 families applying for housing assistance are on the waiting list and although income eligibility had not been determined for these clients, the Housing Authority predicts that more than 95 percent will qualify as low income people. ESO (1993) concludes that using the \$883 per month figure as the fair market rent schedule for a two-bedroom unit, a family of four with an income at the poverty level could expect to pay 76 percent of its annual income for rent, or more than triple the normal housing cost of 25 percent of the annual income going for housing.

The poor in Santa Clara County have a major housing problem. In 1989, 40.9 percent of all households or 212,856 households rented. About 33 percent of all households in San Jose pay more than 39 percent of household income on housing. The situation is harder for the very low income renter households; 84 percent of them spend more than 30 percent of their income for housing (ESO, 1993). The 1989 Census indicates that 68 percent of San Jose renters who earn less than \$10,000 a year paid seventy percent or more of their income for rent (HTF, 1989).

In its 1989 study, HTC reported that between 1983 and 1988, Santa Clara County and its incorporated areas recommended the construction of 28,000 low-

income housing. However, only about 1,800 units were built during that period. The decline in the construction of low-income housing is attributed to federal budget and program cuts and to local government zoning restrictions. HTC also found that there existed an acute shortage of Single Room Occupancy (SRO). An SRO is a mini-studio apartment usually rented on a weekly or month-to-month basis requiring small or no extra move-in fees. According to Rossi (1989), in most of U.S. cities a large portion of the stock of SRO hotels has been demolished or converted to other use over the past twenty years. An April 1988 report issued by the SRO Housing Coalition estimated that an SRO unit could be developed and rented for approximately \$315 a month in Santa Clara County (HTF, 1989).

Another problem is the fact that more people are being evicted from their residence than ever before. According to a survey of rental units in Santa Clara, San Mateo, and Santa Cruz Counties in California, sponsored by the Tri-County Apartment Association, tenants of 6.2 percent of the apartments surveyed were evicted in 1988 -- a significant increase from 4.4 percent in 1987. The survey shows that the evicted tenants were mostly low-income families (United Way, 1989).

In short, the poor are forced out of the housing market and many become homeless. The Association of Bay Area Governments projected that the county will need a minimum of 157,000 new housing units between 1980 and 2005 and will fall short by approximately 16,000 units (United Way, 1989).

Employment in Santa Clara County

In the area of employment, Santa Clara County appears to be strong. According to the Employment Development Department, there were 816,600 people employed in the county in 1988 -- a 23.5 percent increase over 1980. Also, in 1988, the county unemployment rate was 4 percent, lower than rate of 5.3 percent for the State of California and the rate of 5.5 percent for the nation (United Way, 1989). However, according to the 1990 Census, the jobless rate in Santa Clara County rose to 4.8 percent in November 1990. The unemployment rate for Hispanics and Blacks, which together make up close to 27 percent of the county poor, was 8.5 percent and 7.9 percent respectively (ESO, 1993).

The reasons for unemployment in the county are numerous. Due to escalating costs of operating in the county several high-tech manufacturing companies left the area. Manufacturing of durable goods provides one-third of total employment in the county but accounted for one-half of the 31,000 job losses in the last two years. This decrease of electronic companies in the areas also affected the construction industry which employs 28,000 people. Construction lost 5000 jobs over the last two years (ESO, 1993).

Another reason for unemployment is the fact that job requirements in the county are changing. Upgraded, sophisticated technology and high-skill occupations require employees with good reading, math and communication skills. Employees in the high-tech field must also be able to adapt to new knowledge and technologies (United Way, 1989).

Others factors are thought of when attempting to explain the unemployment situation in the county. They are: work experience, discrimination against minorities, transportation problems, unavailability of affordable child care, language barriers, and work dis-incentives caused by the public assistance system (ESO, 1993). No matter the reasons for unemployment in the county, the people living below the poverty level experience higher rates of joblessness and earn less when they do work (ESO, 1993).

Demographic Profile of the Homeless in Santa Clara County

In the winter of 1989-1990, a one-day survey was conducted in Santa Clara County within the area shelters by the Homeless Task Force (HTF). The following demographic profile of the homeless resulted:

- Of the 855 homeless persons assisted by the various agencies that participated in the one-day survey, 49 percent were males who were heads of household.
- Forty-three percent of the homeless interviewed were under 18 years of age; 45 percent were between the ages of 19 and 44 ; 9 percent were between the ages of 45 and 64. One percent was over 65 years of age and the remaining 1 percent did not reveal their age.
- Sixty-five percent of the 300 homeless people who reported their marital status were single.
- Forty-nine percent of those who reported having special needs were drug abusers.

- Of those who answered the questions on ethnicity, 35 percent were Black, 40 percent were White, and 21 percent were Hispanic. Some disparities are evident when the ethnic breakdown of the homeless surveyed in the shelters is compared to the ethnic background of the total population of the county.

- Of those who reported the duration of their homelessness 41 percent were homeless for less than one month and 23 percent were homeless for over one year. The rest were homeless for one to twelve months.

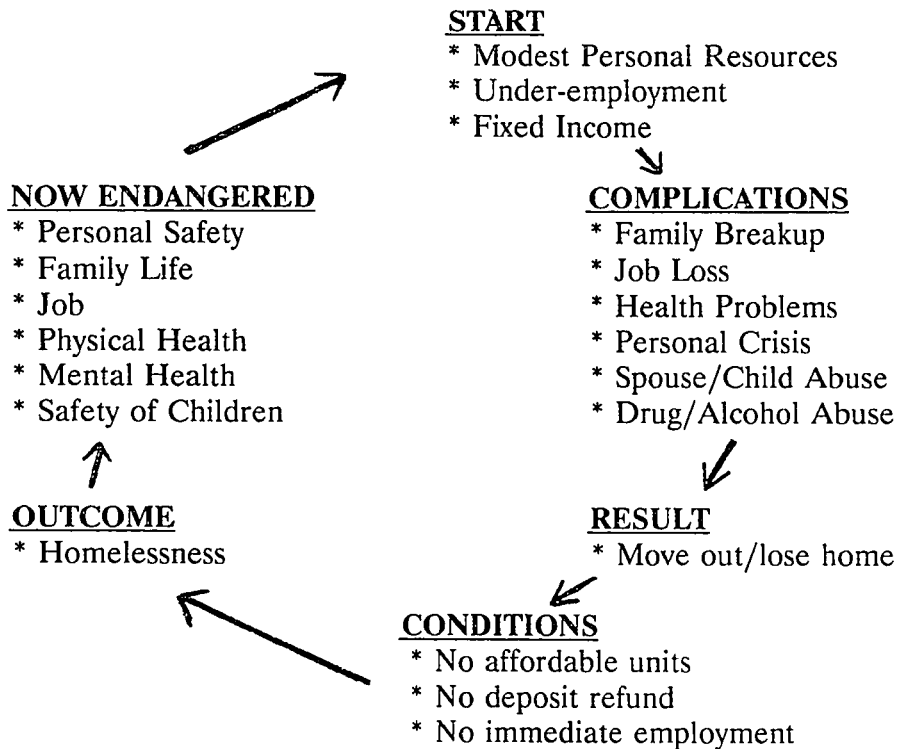
- Ninety-four percent of those who indicated their last place of residence had been residents of Santa Clara County, 4 percent were from out of the county, and 2 percent from out-of-state.

Specific Problems of the Homeless in Santa Clara County

The homelessness problem is indeed a serious one. Those who have it usually feel hopeless, oppressed, isolated, neglected, and frustrated. The problem usually originates when the personal resources of an individual or a family are insufficient to live by. Candidates for homelessness are either under-paid if employed or on a fixed income when receiving governmental aid.

This situation is often followed by additional complications which may result in homelessness. A report prepared in 1989 by Homebase Regional Support Center for Homeless Policy and Programs and entitled Homelessness in the Bay Area: Ten Points, clearly outlines the chain of events that leads to homelessness. The cycle is charted below.

CHAIN OF EVENTS LEADING TO HOMELESSNESS



Source: Homebase, 1989

Also, a combination of fear, pride and a lack of knowledge about available programs and services hinder the ability of homeless person to seek and receive adequate assistance. Furthermore, the fact that homeless people do not have permanent addresses makes it very difficult for them to qualify for public assistance programs which usually require a permanent address.

In addition, trying to find a job is a most difficult experience for the homeless as reported in the HTF study. Usually, their self-esteem is low; many do not have a place to shower or clean up before a job interview. They do not have a permanent address or a telephone and most lack transportation. Furthermore, the majority does not eat properly, lacks adequate clothing and does not have access to laundry facilities.

In the area of criminal justice, HTF reported that the majority of homeless are law abiding individuals and do not have much contact with the police. However, the Street Crimes Unit spends approximately 25 percent of its time dealing with panhandling and drunk in public offenses for homeless persons, discourages shoppers from shopping in downtown San Jose and as those intimidated by panhandling go to other areas to shop the economic development of downtown San Jose is somewhat hindered.

The Santa Clara County Adult Probation Department finds it difficult to know the whereabouts of the homeless probationer who frequently fail to report to their probation officers (HTF, 1989). It is possible that the courts may because of this fact deny probation to homeless offenders. Many homeless inmates believe that they were denied probation solely based on their state of homelessness.

In the area of public health, it was estimated that 2,000 to 4,000 homeless had contact with Valley Medical in San Jose in 1988 (HTF, 1989). Approximately 2,300 adults have been identified as being severely mentally disabled and are either homeless or run the risk of becoming homeless. About one-third of all

homeless in the United States have mental problems (Coleman and Cressey, 1993). The deinstitutionalization movement also had its effect in California. Census counts in state and county mental institutions decreased from 544,400 in 1960 to 134,000 in 1984.

In the area of substance abuse, surveys done in San Francisco since 1985 by the Mayor's Office and United Way of the Bay Area show that a minimum of 30 percent to a maximum of 60 percent of the homeless population are substance abusers (HTF, 1989). Rates of severe alcohol problems among the homeless exceed those in the general population by a factor of at least two and as much as twelve (Fischer, 1987).

Assistance to the Homeless in Santa Clara County

According to the Santa Clara County Comprehensive Housing Affordability Strategy (CHAS), a document approved by the Santa Clara Board of Supervisors on November 19, 1992, the Santa Clara County is committed to provide housing assistance for low-income people, including the homeless, through a variety of programs. One of these is the Community Development Block Grant Program which was created by the Housing and Community Development Act of 1974 (CDBG).

Since then, a wide variety of housing and housing related activities has been funded including the construction of new affordable housing units, the rehabilitation of affordable housing units, construction of neighborhood centers, the removal of architectural barriers for the elderly and disabled, fair housing

services, and other public services (CHAS, 1992). In the county of Santa Clara, the CDBG program is administered by the Planning and Development Department. Funds are allocated annually to participating cities within the county, to the unincorporated regions of the county, and to several non-profit organizations. The Housing and Community Development Program also manages the Emergency Shelter Grants Program, the Rental Rehab Program and the density Bonus Program which supports the county's Low and Moderate Income Housing Fund.

In 1989, the county received and allocated only \$43,000 from the Stewart B. McKinney Homeless Assistance Act (MHA); the City of San Jose received and \$103,000 from the same source (HTF, 1989). In 1993, San Jose received an allocation of \$112,000 from MHA (Request for Proposal, Emergency Shelter Grant Program, The City of San Jose Department of Housing, April 2, 1993).

The Homeless Services Coordinating Committee was created by the county Executive in 1990 for the purpose of developing an overall county strategy, for the provision of services to the homeless, and to review and incorporate where possible. There are a number of services provided by the county which serve the homeless population although not specifically targeted to them. However, the following programs are specifically provided to cater to the needs of homeless people.

Health Services:

Bureau of Alcohol Services/ Bureau of Drug Abuse Services	Homeless Participant Project
Public Health Medical Services	Tuberculosis Screening
Public Health Medical Services	Women, Infants and Children (WIC) Program at the Arturo Ochoa Migrant Camp in Gilroy
Public Health Medical Services	AIDS Education Project
Public Health Nursing Services	Nursing Services to Homeless Shelters

Social Services:

Social Services Agency	Homeless Assistance Emergency Grants
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County Shelter Contracts:

Public Services Agency	Cold Weather Shelter Armory Program
Mental Health Services	Urban Ministries (Julian Street Inn)
Social Services Agencies	Mid-Peninsula Support Network Next Door South County Alternatives Emergency Housing Consortium Women's Housing Connection San Jose Urban Ministry Concern for the Poor

Source: Community Development Block Grant Program, Comprehensive Housing Affordability Strategy, Santa Clara County, November 19, 1992.

In spite of the county's efforts to prevent homelessness and to provide services to homeless people so that they may gain stability in their lives, the homeless population is still growing in the county. In addition to the county, a

great number of nonprofit organizations play critical roles in the lives of the homeless in Santa Clara County. Perhaps best known are the shelters sponsored by such well-established religious groups as City Team Ministries and the Salvation Army.

According to HUD's 1984 report, non-profit groups operate 90 percent of the U.S. urban shelters; among the nonprofit shelter groups, religious organizations run about 40 percent. Fewer than 10 percent were run directly by municipal governments (Rossi, 1989).

In Santa Clara County there are over 40 nonprofit organizations which assist homeless people (CHAS, 1991). They provide a great variety of services including but not limited to the following: emergency shelter, long-term housing, support services, provision of food and clothing, counseling, child care, health care, health education, housing and transportation assistance, information and referral services, technical support, educational and vocational services, job assistance, legal aid, drug and alcohol treatment and rehabilitation programs, fair housing and anti-discrimination services, and other forms of assistance.

According to United Way (1989), there are fifteen community and religious groups which primarily provide temporary shelter for homeless persons and families. These shelters and county sponsored shelters range in size from an 8 bed program to a group of local service providers with between 370 and 630 beds. United Way (1989) reports that most of the beds in the county are available between Mountain View and San Jose, with very few in the southern and northern

part of the county. Although, there are approximately 2,470 beds in emergency and transitional shelters, more shelters and beds are needed to meet the housing needs of the homeless population. In 1987, 40 percent of those seeking shelter in emergency shelters were denied admission for lack of space (United Way, 1989).

Currently, there are seven major suppliers of food to the homeless: Second Harvest Food Bank, USDA surplus, churches, community contributions, corporate contributions, charitable agencies, and service club donations. Approximately 1,000 homeless people receive breakfast and dinner each day in the various shelters. Not all the shelters provide food. The total number of homeless people fed in food kitchens and shelters on a daily basis range from 1,800 to 2,000 (HTF, 1989).

In 1989, the area shelters have made 1,940 beds available to the homeless population. The cost and the range of services associated with each bed varies widely between shelters. The costs for one person to spend one day in a shelter ranges from \$6.22 (for seasonal, emergency shelter provided in the armories) to \$17.45 (for transitional-type housing). In fiscal year 1989, it is estimated that over 5.7 million dollars in operational program costs have been spent by identified area shelters (HTF, 1989).

Unfortunately, it is obvious that there are not enough facilities to provide shelter for the entire homeless population in the county. The Department Housing and Urban Development reported that the homeless shelters in San Jose operate at capacity on a nearly continual basis. The San Jose Cold Weather

Shelter managed by the Emergency Housing Consortium reached capacity for the first time during the winter of 1991 when 37,666 shelter beds were filled over a period of 133 days, representing a 15 percent increase in beds occupied the winter before (CHAS, 1993).

Although the county and community organizations have made significant strides in meeting the needs of the homeless, their efforts have not kept pace with the increase in the homeless population.

ABUSE OF ALCOHOL AND OTHER DRUGS

America has a big problem with alcohol and other drugs. The National Council on Alcoholism And Drug Dependence (NCADD) reports that alcohol and other drugs are associated with:

- Up to 50 percent of spousal abuse
- 50 percent of traffic fatalities
- 20-30 percent of suicides
- 49 percent of murders
- 68 percent of manslaughter charges
- 69 percent of drowning
- 38 percent child abuse
- 52 percent of rapes, and
- 62 percent of assaults

The United States has between 8 to 25 million alcoholics, more than the total number of users of most illegal drugs (Coleman and Cressey, 1993). The Santa Clara Bureau of Alcohol and Drug Programs (BADP) estimates the number of problem drinkers in the county to be 108,720.

Dependence on alcohol and other drugs used to be thought of only as a moral problem. Today, however, medical doctors, clergymen and other professionals have come to realize that drug addiction, including alcohol addiction, is a disease, and that it responds to properly designed treatment. (NCADD, 1990). The American Medical Association has given formal recognition

to the disease concept since 1956.

Definition of Drugs and Drug Abuse

Pharmacologically, a drug is any substance which chemically alters the function or structure of a living organism (Webster's New Collegiate Dictionary, 1981). However, this is a very broad definition and could not be useful for our purposes. In medicine, a drug is any substance that is manufactured specifically to be used therapeutically in the treatment of disease or illness (Webster's II, 1984).

For our purposes drugs will be defined as a social problem brought about by their improper use. Zastrow and Bowker (1984:114) define "drug" as "any habit-forming substance that directly affects the brain and nervous system." They agree with Edwards (1983) and Schuckit (1984) who defined psychoactive drugs (those which constitute a social problem) as chemical substances that can affect moods, emotions, perceptions, or bodily functions, and add that drugs have the potential for misuse and may be harmful to the user.

Drug abuse is defined as "the continued use of a psychoactive substance at a level that violates approved social practices" (Sullivan and Thompson, 1988:309). Social disapproval usually occurs when the consequences of regular and excessive use of a drug endanger relationships with other people, are detrimental to a people's health, and cause a threat to society itself.

Alcoholism

Without a doubt, the use of alcohol is a recognized part of the American culture. Americans spend more money for alcohol each year than they spend

upon the education of their children (Horton and Leslie, 1955). Most people have had an alcoholic drink at some time or another, many are "social drinkers," and some (actually millions) are addicted to alcohol. Those bound by alcohol are usually referred to as alcoholics and suffer from what is called "alcoholism."

Definition of Alcoholism

Alcoholism is a serious problem and may be experienced by anyone at anytime, regardless of race, color, national origin, religion, sex, age, educational background, or economic status. Doctors Chafetz and Demone (1962) in their book entitled Alcoholism and Society defined alcoholism as "a chronic behavioral disorder manifested by undue preoccupation with alcohol to the detriment of physical and mental health, by a loss of control when drinking has begun (although it may not be carried on to the point of intoxication), and by a self-destructive attitude in dealing with relationships and life situations."

James E. Royce (1981) in his book entitled, Alcohol Problems and Alcoholism defined alcoholism as the state of a person whose excessive use of alcohol creates serious life problems. Royce adds that alcoholics may be people who drink alcohol and never get drunk as it is common in France. They may also be people who no longer drink but still identify themselves as alcoholics as it is the case for most members of Alcoholic Anonymous groups. Zastrow and Bowker (1984) agree with Royce but are a bit more specific in that they see alcoholism as the repeated and excessive use of alcohol to the extent that it is harmful to interpersonal relations, to job performance, or to the drinker's health.

Another definition of alcoholism is the one approved by the Board of Directors of the National Council on Alcoholism and Drug Dependence (NCADD) on February 3, 1990 and by the Board of the American Society of Addiction Medicine on February 25, 1990. The approved definition is as follows: "Alcoholism is a primary disease with genetic, psychological, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic: impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial" (NCADD, 1990).

Most people today still do not think of alcohol as a drug. Is it really a drug? "In every sense of the word," answers Royce (1981:7). Alcohol can produce all the classic signs of addiction: changes in tolerance (the ability to function with higher levels of blood alcohol affecting the brain), cellular adaptation or tissue change, and withdrawal (Royce, 1981). Chemically very similar to ether and chloroform, alcohol is a sedative, a hypnotic, a tranquilizer, a narcotic, and sometimes a hallucinogenic. Alcohol produces addiction if consumed in sufficient amounts over a long period of time (Jones, et al., 1970).

Alcoholism in the United States

It is estimated that the number of alcoholics in the United States range from 8 to 25 million, more than the number of users of most illicit drugs (Schlaadt and Shanon, 1990). Over 90 percent of the Americans surveyed in a Harris poll

agreed that heavy drinking was a serious problem in the United States, and one out of five persons questioned told the Gallup poll that drinking had been a source of distress in their own family (Flanagan and Maguire, 1990; Harris, 1987).

Schlaadt and Shannon (1990) reported that drunk drivers cause half the traffic fatalities that occur in the United States every year. In 1988, 37.4 percent of such drivers were legally drunk, and 8.7 percent had some alcohol in their blood (Flanagan and Maguire, 1990). Problem drinking and alcoholism cost the American society between \$43 billion and \$120 billion each year in medical expenses, accidents, and lost workdays (Schlaadt and Shannon, 1990).

Research shows that men have consistently higher rates of alcohol disorders than women. They outnumber women as heavy drinkers and they do more public drinking and episodic heavy drinking than women (Leland, 1984). These differences are attributed to the greater social support men have for drinking and to the fact that alcohol has been historically more readily available to men (Morrissey, 1986; Thompson and Wilsnack, 1984).

Alcohol abuse among young people has increased tremendously. According to the American Council for Drug Education, at least 100,000 elementary school children report getting drunk on a weekly basis (Barron, 1988). The U.S. Department of Health and Human Services (1991) reported that 8 percent of twelve- and thirteen-year-olds in 1990 admitted that they used alcohol during the month prior to being interviewed; 26 percent of fourteen- and fifteen-year-olds and 38 percent of sixteen- and seventeen-year-olds reported such alcohol use.

Alcoholism among students in U.S. colleges and universities is a serious problem. It is estimated that about 80 percent of all college students drink (Postdam College News, 1988).

Contrary to popular belief, alcoholics who live on the streets, in shelters or flophouses represent fewer than 1 of every 20 alcoholics in the United States (Curran and Renzetti, 1993; Ray, 1983).

The Alcohol Problem in Santa Clara County

Much of the information presented in this section was provided by the Santa Clara County Health Department through interviews with its staff and the Santa Clara County Alcohol and Drug Plan, a document prepared in 1991 and 1993 by the Santa Clara County Bureau of Alcohol and Drug Programs (BADP).

According to estimates by BADP, in 1990 Santa Clara County had 150,000 problem drinkers aged 20 to 70. An additional 18,000 problem drinkers were under the age of 20. The total of problem drinkers then became 168,000, or approximately 10 percent of the county's population.

BADP reports that a total of 33,726 people participated in county Alcohol Programs during the fiscal year 1989-1990. The following chart gives specific details.

**SANTA CLARA COUNTY ALCOHOL PROGRAM PARTICIPANTS
1989-1990**

Residential	3,898
Non-residential	3,756
Drinking Driver Programs	11,550
Muriel Wright Residential Center	90
Elmwood Deuce Program	800
Employee Assistance Program	1,700
Homeless Participant Project	4,000
 TOTAL PARTICIPANTS IN COUNTY ALCOHOL SERVICE PROGRAMS:	 33,726

Source: BADP, 1991

In its 1993 plan, BADP addressed each ethnic minority group and their needs separately since they offer special services to specific ethnic groups in the county, namely Hispanics, Blacks, Asians, and Native Americans -- four especially targeted groups in the author's plan which will be presented later. Although the author's program will also serve White males, great efforts will be taken to recruit needy members of the following minority, ethnic groups.

a. Hispanic Americans

Alcohol abuse has been implicated in a variety of problems among Hispanics, including rates of mortality and violence, which are considerably higher than in the general population (BADP, 1993). Hispanics cluster at both end of the consumption spectrum, tending either toward abstention or heavy drinking (Gilbert and Cervantes, 1987).

A national survey found that while 47 percent of women abstained, and 24 percent drank less than once a month, only about 22 percent of the men abstained, and 36 percent drank heavily or moderately heavy (Caetano, 1984). Also, first-generation Hispanic men appear to be particularly at risk. Fifty-four percent were found drinking heavily or moderately heavy (BADP, 1991). Also, in the Santa Clara County, it is reported that although Hispanics constitute approximately 21 percent of the county's population, among adults they account for over 36 percent of the major alcohol-related arrests (BADP, 1991).

b. Blacks

According to BADP, the overall drinking rates for Blacks and Whites appears similar in the Santa Clara County. However, there are some significant age-related drinking patterns which upset this similarity.

Although Caetano (1984) found that at most age ranges, Black males abstain more frequently than do Whites, it is reported that 35 percent of Blacks males aged 18-29 engaged in frequent heavier drinking, compared with 56 percent of White males in the same age group.

However, in the 30-39 age range, 30 percent of Black males drink at the frequent heavier level, compared with 15 percent of White males. Research shows that Black males continue to outnumber White males throughout their forties. This along with the problem of poverty among Black men may explain the fact Black males have certain health problems at a rate extremely higher than

do Whites (Herd, 1986).

In Santa Clara County, although Blacks are estimated to represent about 3 percent of the population, they account for 6.5 percent of the arrests for alcohol-related offenses, 12.3 percent of the admissions to residential county alcohol programs, and 4.4 percent of the admissions to non-residential voluntary programs.

c. Asians

Santa Clara has a large Asian population consisting primarily of Japanese, Chinese, Korean and Vietnamese. Southeast Asian refugees constitute the largest refugee group in the county. In 1989, this group was estimated to number 75,000. However, specific information in this county on the drinking practices and/or problems of this group was not obtainable.

In general, Asians are reported not to be heavy drinkers. Kitano (1985) found that among Japanese-Americans in Los Angeles both males and females abstain at rates over three times the abstention rate of California residents. However, another study shows that among Japanese, Chinese and Korean residents in Los Angeles, 29 percent of the Japanese, 26 percent of the Koreans, and 14.2 percent of the Chinese are heavy drinkers (Chi, 1989).

The author's observation of and experience with members of the Southeast Asian group in Santa Clara County suggests that a significant percentage of that group has alcohol problems. It may also be possible that alcohol use or abuse

problems among the Asians are hidden due to cultural beliefs and health practices as well as cultural isolation from the dominant society which prevents them from knowing the available services outside of their "community."

d. Native Americans

It is a well established fact that alcohol abuse is a major problem among Native Americans. Five of the ten major causes of death among Native Americans are directly related to alcohol abuse: accidents, alcoholism, homicide, suicide, and cirrhosis of the liver. BADP (1991) concludes that American Indians suffer from severe alcohol-related problems at rates from 1.5 to 5 times those of the general population. In 1989, Santa Clara County had an estimated number 12,970 Native Americans. Between 12 and 37 percent may require alcohol services (U.S. Department of Health, 1986).

Indeed, the problem of alcohol abuse is a serious one. It cuts across all age, socio-economic, and ethnic groups and impacts not only the abusers, but also their families, the community, the workplace, and the economy. Closely related to alcoholism, in terms of its impact on society, drug abuse is an equally serious problem, as we will see below.

Drug Abuse

Drugs certainly have a legitimate and useful place in our society when prescribed by a physician or obtained over the counter in order to bring relief from an illness. But when a drug, especially one which causes marked personality

changes and/or abnormal social behavior (mood modifier), is taken excessively resulting in damages to an individual and/or society, the drug is being abused (Jones et al., 1970). With the repeated abuse of any drug, a person develops a drug dependency.

According to Jones, Shainberg, and Byers (1970), most mood modifiers are abused because they cause euphoria (an extreme or exaggerated sense of pleasure or well-being), hallucinations (perceptions of objects with no reality or, sometimes, false notions or illusions), or recognizable changes in personality and behavior.

Definition of Drug Abuse/Addiction

Although alcohol has been determined to be a drug, it will be excluded in this section since we have already dealt with it separately in the previous section. Here we refer to psychoactive drugs other than alcohol.

Drug abuse is defined as the use of drugs in a way that is harmful to the user and/or others (Farley, 1987). Zastrow and Bowker (1984:114) defined "drug abuse" as the regular or excessive use of a drug when, "as defined by a group, the consequences endanger relationships with other people, are detrimental to a person's health, or jeopardize society itself."

Drug addiction refers to the physical dependence on a drug (Sullivan and Thompson, 1988). Seevers (1962:92-98) offers a more detailed definition: "Drug addiction is a state of periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic)." According to Seevers, its

characteristics are: 1) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means, 2) a tendency to increase the dose, 3) a psychological and generally dependence on the effects of the drug, and 4) a detrimental effect on the individual and on society.

The Drug Problem in the United States

The Reagan administration enacted more anti-drug bills than any other administration and spent at least \$16 billion to stop the flow of drugs (Baker and Sandze, 1988). But the war against drugs is still not won. In 1991, the Congress of the United States passed the Crime Act which established a mandatory death sentence for drug-related murders in federal cases (Curran and Renzetti, 1993). Unfortunately, such a law seems to have an impact on the street-level dealers and very little impact on the major suppliers of drugs (Molotsky, 1988). It is reported that U.S. citizens spend \$100 billion a year for the purchase of illegal drugs (Curran and Renzetti, 1993).

Men are found to be more often drug abusers than women, and minority males are at especially high risk for drug addiction (Curran and Renzetti, 1993). Primm (1987) sees a direct link between the high rate of substance abuse among racial minorities and the tension caused by unemployment and underemployment, overt racism, and inadequate education.

A brief study of some the most common illegal drugs follows. They are marijuana, heroin, LSD, and cocaine, including crack.

Marijuana is the most widely used illegal drug in the U.S. About 1 in 3 Americans confessed to having tried marijuana and about 1 in 20 is a current user having used the drug at least once within the pervious month (Coleman and Cressey, 1993; Flanagan and Maguire, 1989). Marijuana use is not harmless as thought by some people. It may cause cancer and other lung problems and harm to a user's unborn baby (Scott, 1988). The drug's psychological effects include relaxation, increased sensitivity, and hunger (Coleman and Cressey, 1993). When "high" on marijuana, reaction time and coordination are impaired, making driving more dangerous (Schlaadt and Shannon, 1990).

Heroin is a depressant drug and a member of the opiate group which also includes opium, morphine, meperidine, and methadone. All the opiates are highly addictive (Coleman and Cressey, 1993). One of every 1,000 persons who participated in the 1988 survey by the National Institute on Drug Abuse admitted having used heroin in the last month (Flanagan and Maguire, 1989).

Most of the health problems from the use of heroin and other opiates come have to do with the user's lifestyle, and the use of impure drugs and infected needles. The most serious risk has been hepatitis, a liver infection. But now in addition to this, intravenous drug users may face a deadlier disease, AIDS (Coleman and Cressey, 1993). Intravenous drug users account for nearly one-fourth of all AIDS sufferers, and it is said that a majority of the addicts in some U.S. cities have contracted the AIDS virus (Kolata, 1991; Schlaadt and Shannon, 1990). Overdose of heroin is another big problem with the drug since it is a

major cause of death among young American males, especially when used with other depressant drugs including alcohol.

Another major problem with heroin is that most heroin addicts are involved in other criminal activities in order to support their habits, and "some will do anything to get a fix" (Coleman and Cressey, 1993:311). Many addicts, however, are not involved in other crime. They include addicts in the medical profession which has more heroin addicts than any other profession (Ray, 1983.)

LSD commonly referred to by users as "**acid**" is a tasteless, colorless, and odorless, psychedelic drug which when used even in small quantities produces deep changes in emotion, perception and thought (Coleman and Cressey, 1993). The "acid trip" can be an enjoyable one for some users and intensely unpleasant for others.

The primary danger in taking LSD is that it may cause temporary psychosis, accompanied by almost any sort of behavioral disturbance (Jones et al., 1970). LSD causes the user's pupils to dilate and raises the blood pressure. Users often report crossovers of sensation; some say that during the trip they hear colors or smell the scent of music (Jones et al., 1970).

Phencyclidine, most commonly known as "**PCP**" or "angel dust" has been used recreationally since the late 1950s. PCP has been classified as a hallucinogen because in toxic doses it generally produces severe agitation, excitement, and quasi-psychotic reactions including paranoid delusions and auditory hallucinations (Bratter and Forrest, 1985). In smaller doses there may not be hallucinations, but

the user may experience drowsiness, ataxia, and excitability.

PCP can be distributed as a powder sprinkled on parsley leaves, marijuana, or other herbs, or in the form of colored tablets, pastes, capsules, or as liquid. Bratter and Forrest (1985:131) reported that biological toxins such as rat poison and hairspray on occasion have been sprayed on herb leaves and sold in the street as PCP. Users of PCP may not know what they are buying and using. Therefore, they may not be able to accurately judge their own response to the drug, thereby increasing the probability of a panic reaction and further complicate the already difficult task of assessment (Becker, 1967; Bratter and Forrest, 1985).

Cocaine is a stimulant derived from the leaves of the coca plant. It was chewed in the South American highlands or taken as a tea for medicinal purposes in Peru and Bolivia. The effects of cocaine do not last long which explains why cocaine addicts often repeat their doses every hour. Cocaine powder is most commonly sniffed or "snorted" into the nose through a tube or straw, causing problems in the nasal passages.

What do regular cocaine users want? Cohen (1985:15) gives the following answer: "They all look forward to mood elevation, call it euphoria, elation, or even ecstasy. Most anticipate feelings of increased energy, accelerated thinking, and intensified awareness. Those who use cocaine to enhance their skills, the so-called occupational users, hope that they will achieve increased strength, self-confidence, memory, and a shortened reaction time. Some people look to cocaine

for improved sexual functioning, and others desire intensified interpersonal interactions." Cohen (1985:15) admits that such effects "are possible to achieve, especially at the early phases of cocaine indulgence." However, he warns that the temptation to continue using "is therefore great, especially when one must return to the same difficult world from which one started."

Freebase cocaine or "**Crack**" is a very popular form of cocaine primarily because it can be smoked, is inexpensive compared to the unpurified form of cocaine, and provides a quick high. According to the National Institute on Drug Abuse (NIDA), in 1982, almost 7 percent of clients admitted to treatment facilities were freebasing cocaine. Of the almost 11,000 hospital emergency room visits reported to NIDA's Drug Abuse Warning network in 1984, 6.1 percent involved cocaine smoking (NIDA, 1986).

Freebase is the result of a chemical process during which "street cocaine" is converted to a pure base. Freebase or "crack" is smoked in a water pipe. Reaching the brain within seconds, it offers an immediate and intense high when smoked. It is therefore popular among cocaine users especially those in the underclass (Coleman and Cressey, 1993; NIDA, 1986). Health problems caused by freebase cocaine include weight loss, increased heart rate and blood pressure, depression, paranoia, and hallucinations. Heavy users may also experience manic paranoia or depressive psychoses (NIDA, 1986).

"Crack" is very addictive. NIDA reports that crack users develop addictive use patterns only 6 to 10 weeks after the first use, compared to 3 to 4 years to

addiction associated with intranasal cocaine use.

Cocaine, generally considered as "a rich man's high," has gotten more affordable over the past few years. The price of a kilogram of cocaine was \$65,000 in 1984; today a kilogram sells for \$10,000 (Curran and Renzetti, 1993; Morgenthau et al., 1988). Unfortunately, cocaine dealers are successful now in including the poor and children in their market. According to the Bureau of Justice Statistics (1991), an average of about 10 percent of high school seniors in the United States had used cocaine. In some cities, a vial of crack costs only \$3 (Curran and Renzetti, 1993). Gang wars are not uncommon in some cities between groups wanting to have control over the lucrative crack business (Schlaadt and Shannon, 1990).

The Drug Problem in Santa Clara County

According to a study funded by the California Department of Alcohol and Drug Programs in 1989, approximately 7 percent of the population of the State used drugs and of the population using drugs, 47 percent used drugs daily.

According to the Santa Clara Bureau of Alcohol and Drug Program (BADP), Santa Clara County is estimated to have 102,000 drug users of whom 48,000 are using drugs daily. The bureau also reported that almost 3000 people were admitted to county and county contract drug abuse programs during the 1990-1991 fiscal year. Men accounted for 55.2 percent of the drug treatment admissions during that period. The county service capacity is officially 2500 persons per year

and the private sector capacity is about 5000. Unfortunately, the total of those numbers do not come close to meeting the needs of the people who abuse drugs (BADP, 1993).

The ethnicity of clients entering treatment in 1990 was as follows: Caucasians, 42.8 percent; Hispanics, 43.5 percent; Blacks, 10.7 percent; Native Americans, 1.5 percent; Asians, 1.7 percent (BADP, 1993). Heroin was the primary drug of abuse for 31 percent of the Caucasian clients. Twenty-five percent reported using cocaine. Over 62.5 percent of the Blacks clients listed cocaine as their primary problem while 31 percent of the Blacks reported heroin as their primary drug of abuse. Of the Hispanics seeking treatment in Santa Clara County in 1990, 42.4 percent were addicted to heroin (BADP, 1991). In 1991, heroin and alcohol were the two drugs most abused by those seeking treatment in the county. Caucasians accounted for 55.4 percent of those entering treatment during that year and Hispanics made up 40.6 percent (BADP, 1993).

The 1991 BADP plan also revealed that the percentage of clients who were unemployed but seeking work at the time of admission to a county drug program was 21.2 percent during fiscal year 1991-1992; 9.5 percent were unemployed but seeking work and 69.3 percent were not seeking employment. With respect to educational backgrounds, 76.3 of the clients at the time of admission to treatment, reported not having graduated from high school (versus 55.6 percent in 1989).

In 1991, only 20 percent of the clients admitted to drug abuse programs in the county reported being admitted for the first time. More than 30 percent had one or more previous admissions and 18 percent reported more than three prior treatment episodes. At the time of admission, 83 percent of the clients reported having used drugs on a daily basis; 56 percent injected the drug(s) and 23 percent used smoking as their primary route of administration.

The county's Bureau of Alcohol and Drug Program reports that drug addicts who use amphetamines, cocaine, crack, and PCP are among the most difficult clients to treat (BADP, 1993). The number of stimulant and PCP abusers account for 70 percent of the outpatient drug treatment population and 75 percent of the residential treatment population (BADP, 1993). PCP abusers entering the treatment are mostly young people; three-fourth of them are under the age of 30. Although 68 percent were female, arrest and emergency room statistics both show the majority to be males. Cocaine abusers make up 15.4 percent (down from 16.7 percent in 1990) of the clients admitted for treatment in Santa Clara County (BADP, 1993).

Drugs and Crime in Santa Clara County

The Santa Clara County Bureau of Alcohol and Drug Programs reported that the number of individuals within the county's criminal justice system that would be candidates for drug treatment services has increased very quickly during the past few years, due to expanded enforcement efforts, the increased prevalence

of drug use within the general population and an increased recidivism rate (BADP, 1993).

Statistics show California as the State having the highest rate in the U.S. for combined alcohol or drug-related arrests per capita, the rate being 26.7 per 1000 residents (BADP, 1993). In Santa Clara County, between 1977 and 1986, felony drug arrests increased by 164 percent and misdemeanor drug arrests increased by 316 percent. These figures are significant when contrasted with an increase of arrests for non-drug charges of only 45 percent for felonies and 41 percent for misdemeanors (County CADA Grant, 1988).

National data indicate that the number of criminal offenders who demonstrate severe dysfunction from drug use have increased from 14 percent of the criminal offender population in 1968 to over 70 percent in 1989 (BADP, 1993). In 1991, according to the county Department of Correction, 73,000 men were booked into the Santa Clara County Department of Correction's central receiving facility. Using the national data described above, approximately 51,000 of these men would be severely impaired as a result of drug use and benefit from drug treatment services (BADP, 1993).

According to the State Board of Prison Terms, drugs are a major contributing factor in close to two-thirds of the cases in which parolees are returned to custody. In 1988, nearly 19,000 inmates were returned to San Quentin prison for drug-related offenses (BADP, 1993).

There simply must be a way to reduce recidivism and relapse into drug abuse. National research suggests that by linking the punitive, coercive powers of the courts and other aspects of the criminal justice system with the rehabilitative powers of the treatment community, the recidivistic and relapse rates would most likely be reduced (Wexler et al., 1988). Why are not criminal justice officials and drug treatment providers working more closely to achieve what seem to common goals: the reduction in recidivism and relapse rates?

Etiology of Substance Abuse

There are several sociological theories which attempted to provide sociological explanations as to the causes of substance abuse. In this section, we will briefly discuss three such theories, namely the **anomie** theory, the **labeling** theory, and the **differential association** theory. Biological and psychological explanations will be offered first. As will be seen in the section on crime, many of the same theories which apply to the causes of drug abuse may be applied to the causes of criminal behavior in general.

Biological Explanation

There is now ample evidence to suggest that heredity influences the likelihood of some people becoming alcoholic (Sullivan and Thompson, 1988). Researcher E.M. Jellinek argues that alcoholism is a disease with a consistent pattern of symptoms and not voluntary behavior (Jellinek, 1960). Other studies have shown that people with an alcoholic parent are as much as 6 times more

likely to become alcoholics themselves, even when raised apart from their biological parents in a nonalcoholic family (Sullivan and Thompson, 1988). More recently, a Danish study found that 65 percent of people whose identical twin was an alcoholic became alcoholics themselves, while the figure for nonidentical twins was only 25 percent (Coleman and Cressey, 1993). Other studies show that people who are better able to metabolize alcohol are more likely to become alcoholics (Coleman and Cressey, 1993). Because they have developed a higher tolerance to alcohol, they drink more, and because they are able to drink more higher levels of the chemicals that contribute to physical addiction to alcohol are produced in the body (Fitzgerald, 1985). However, although some of these findings are impressive, we must keep in mind that drug abuse is "still a learned behavior that is created and controlled by society" (Coleman and Cressey, 1993:316).

Psychological Theories

Behavioral Theory

Some behaviorists argue that drug use is learned through a process of conditioning (Coleman and Cressey, 1993). Because drug users find pleasure (positive reinforcement) in drug use, they are likely to use it again. Other behaviorists, such as Alfred Lindesmith, offer a different theory. Lindesmith (1968) believes addicts use drugs in order to ease or escape the unpleasant withdrawal symptoms (negative reinforcement). There must be some validity to

these theories. They make sense. People use drugs because it brings pleasure to them; they continue to use drugs to eliminate or diminish the withdrawal discomfort brought about by the drugs.

Personality Theories

Psychological theories often include the notion of an "addictive personality" - a personality type that predisposes a person to become dependent on drugs (Farley, 1987). These psychodynamic theories claim that substance abuse is a consequence of flaws or weakness in people's personalities (Collins and Marlatt, 1983; Light, 1986). Some of the personality traits associated with drug abuse are feelings of being insecure, unloved, and unwanted. Research has shown that these feelings are associated with alcoholism (Beckman, 1979; Irwin, 1968) and heroin addiction (Laurie, 1967; Chein et al., 1964). On the other hand, recreational use of alcohol and marijuana appear to be linked with normal personality patterns and general satisfaction with life (Farley, 1987).

However, although personality plays an important role in a person's decision to use drugs, there is "no single type of personality trait that is most likely to lead to a drug problem" (Coleman and Cressey, 1993:317).

Sociological Theories

Sociologists see the causes of drug abuse in terms of the role culture, social structure, and social interaction play in precipitating drug abuse.

Anomie Theory

"The functionalist approach focuses on the strains, inconsistencies, and contradictions in the social system that can lead to drug abuse" (Sullivan and Thompson, 1988: 331). Functionalists thus provided the **anomie** theory, originally developed by Emile Durkheim (1951) and Robert Merton (1968). Merton viewed deviance as occurring when there is a discrepancy between socially approved goals (such as making a lot of money) and the availability of socially approved means of achieving the goals (such as high-paying jobs). The theory claims that if people are prevented from reaching their goals, they may begin to drink or use other drugs; that may later lead to abuse. Merton recommends that society establish realistic goals that are attainable by people and provide the means to be available to everyone for achieving these goals. Indeed, this is a good idea. The problem with the anomie theory is that it fails to explain why people who are achieving their goals abuse drugs.

Labeling Theory

Labeling theory has to do with the labeling of occasional users as "abusers." At first, these users did not think of themselves as abusers, but as people continue to label them as "drunks" or "dope heads," in time they come to view themselves in the label that is applied and is more likely to become a habitual drug abuser (Zastrow and Barker, 1984). This theory, however, fails to explain substance abuse among alcoholics who drink secretly and abusers who were abusing drugs way before they were labeled as such.

Differential Association

The **differential association** theory claims that people learn and accept the norms of the groups they are closely associated with, such as family and religious and social groups (Zastrow and Bowker, 1984). This theory was created by Edwin Sutherland (1966). This theory is often referred to as **interactionist** theory.

Interactionists believe that the use of drugs is culturally learned. They hold that some contact with a drug sub-culture is necessary before people begin to use drugs (Coleman and Cressey, 1993), and the longer the contact the more committed people are to the attitudes, beliefs, and values of the subculture.

Coleman and Cressey (1993:317) point out that the most important point in interactionist theory is that "drug use is determined by individual's attitudes toward drugs, the meaning drug use has for them, their overall world view, and their system of values -- all of which are learned from interaction with people in a certain culture or subculture." Accordingly, drug users stop using drugs only when their attitudes and values change and they opt for a negative redefinition of the drugs they have been using (Coleman, 1978).

Responses to the Substance Abuse Problem

Without a doubt, substance abuse is a major social problem in the United States. The questions are still the same. Can it be stopped? Can it be prevented? What is being done to solve the problem? At least four main responses to the problem exist: rehabilitation, prevention, law enforcement, and decriminalization (Farley, 1987).

Rehabilitation

Rehabilitation or as some call it, "treatment," is aimed at helping the substance abuser stop using drugs. There are two basic rules in rehabilitation. One is total abstinence, and the other is that the substance abuser must want to stop using the substance being abused. Some rehabilitation programs provide individual and group therapy for the purpose of dealing with whatever problems that caused the addict to abuse drugs. Individual psychotherapy appears to be the least effective approach (Meyer, 1972).

One of the most popular types of treatment programs for substance abusers is the **therapeutic community** (Sullivan and Thompson, 1988) in which group involvement, social support, and group pressure are used to assist addicts to break the habit (Stephens, 1987). Therapeutic communities are long-term residential treatment programs which last twelve to eighteen months and they usually focus on making lifestyles changes (Zastrow and Bowker, 1984).

Tim Bliss (1978:314) describes the environment of therapeutic communities as "one of constant confrontation that aims at breaking down walls that cover up the real person... Feelings that are painful (for example, loneliness, fear, depression) are allowed to be expressed, eventually allowing the individual to be honest with him/herself, and thus not needing to wear a mask." Bliss (1978) further remarks that there is a high rate of dropouts in those programs, but those who graduate are usually successful in getting a job and staying drug-free.

Alcoholics Anonymous (AA) is one of the best known and most successful treatment programs. AA, now a worldwide organization, firmly believes that there is no cure for alcoholism: "abstinence requires a continuing personal commitment as well as sustained social support" (Scarpitti, 1980:602). AA was established in 1935 by two alcoholics to help them stop drinking (Robinson, 1983). The AA program is basically religious in nature as it emphasizes the reliance on a "higher power" in order to stay alcohol-free (Gelman, 1991). The success of AA "seems to derive primarily from its system of encouraging each member to try to reform others, thus reinforcing the reformer's own non-drinking behavior" (Coleman and Cressey, 1993:323). It appears that to be successful a rehabilitative program needs to be run by someone who is intimately familiar with the problems of the substance abusers (Jones et al., 1979).

Several other programs based on AA principles now exist to assist people who are addicted to other drugs. They include Narcotics Anonymous, Synanon, Postsmokers Anonymous, Delancey Street Foundation, and Renaissance Project (Zastrow and Bowker, 1984; Gartner and Reissman, 1980). Often these programs exist in combination with the group-home approach (Farley, 1987). The success of AA and other similar programs is usually attributed to the practice of having recovered alcoholics or drug addicts run and control the programs.

Aversive therapy is yet another approach to the drug problem. This therapy tries to associate the effects of the drug with some unpleasant experience such as nausea. For example, the drug Antabuse makes people feel sick and sometimes

vomit if they consume any alcohol (Farley, 1987).

Because it is very difficult to stop using drugs "cold turkey," in some cases, **methadone**, a synthetic narcotic, has been used under medical supervision especially in the place of heroin (Farley, 1987). Usually, people participate in methadone programs under court orders. And, it has been said that these programs "serve to reduce a person's need to engage in criminal behavior to support a drug habit" (Scarpitti, 1980:603). Nevertheless, it is argued that methadone maintenance is simply a substitution of one drug addiction for another, and that many addicts return to drugs after treatment (Jaffe, 1983). However, it is also reported that about one-half of those who participated in methadone programs stayed free of any addiction, including methadone, after two years, and are much less likely to be arrested and more likely to hold a job (Kleinman et al., 1977; Sullivan and Thompson, 1988).

Also, there are a great number of **inpatient programs** through community mental health centers, specialized chemical abuse rehabilitation centers, and some medical hospitals. Detoxification which last from twenty-four hours to three weeks, is one of the services provided. Basically, these programs are designed for individuals who are unable to break their habit while living in the community (Zastrow and Bowker, 1984).

Outpatient care generally lasts three to six months and primarily consists of counseling, medical services, and vocational training (Zastrow and Bowker, 1984).

These services are usually offered to addicts who do not require hospitalization.

In addition, there are **halfway houses** which assist those who have been hospitalized and detoxified to gradually go back into the community. These houses provide counseling services, vocational training, employment assistance, and room and board.

Prevention

Rehabilitation deals with people who already have a substance abuse problem. Prevention, however, tries to reach people before they begin to use drugs. One prevention method is to educate the public about the dangers of drug use and convince them not to use drugs (Farley, 1987). Children and teenagers are among those targeted for such educational programs (Sullivan and Thompson, 1988). The effectiveness of these programs is not clear. A 1984 Rand Corporation study of such prevention programs reported that they have conflicting and ambiguous effects (Polich et al., 1984). Some studies even show that such programs may arouse the curiosity of the young participants about drugs and thus encourage experimentation with them (Sullivan and Thompson, 1988).

Another approach is the identification of people who are in high-risk categories for substance abuse and help them solve whatever problems they may have which may lead to abuse (Farley, 1987). How can one accurately identify such groups of people? And, even if that were possible, how does one solve the underlying social problems that may have, at least in part, caused the drug problem in the first place?

Law Enforcement

According to public-opinion polls, the most popular solution to drug abuse is stricter laws and more law enforcement. Tougher laws and increased enforcement have great political support. But, is this the answer to the substance abuse problem?

Indeed, tough legislation have been signed into law by many U.S. presidents. For example, Ronald Reagan signed the 1984 federal legislation aimed at forcing the states to raise their drinking ages (Farley, 1987). Also, in 1986, many companies began the practice of blood testing for drugs among their employees. The war on drugs was declared; unfortunately it is still not won.

One of the main purposes of the U.S. drug-law enforcement is to eliminate the supply of drugs, especially those drugs users cannot make or grow on their own (Farley, 1987). Unfortunately, it has been found that when the availability of a drug is restricted by law, drug users simply use other available drugs. For example, many opiates users switched to sedatives when opiates were banned in 1914 (Goode, 1972). The cocaine problem started when, in the 1970s, it became harder for the stimulant user to obtain such prescription drugs due to tougher government controls. Drug-law enforcement would be effective if it could attain a "high certainty of punishment for offenders" (Farley, 1987:194). However, when a large group of people decide to break the law, enforcement is almost impossible. Clear examples are the Prohibition and marijuana use in the U.S.

Another effort at prevention is to stop the flow of drugs from crossing the U.S. borders from overseas. However, this border interdiction does not seem to be successful. The U.S. General Accounting Office estimates that only ten percent of the drugs illegally brought across the border into the country are confiscated (Sullivan and Thompson, 1988). And, only 1 in 100 planes smuggling cocaine and marijuana in the U.S. are apprehended (Brinkley, 1984).

Decriminalization

Coleman and Cressey (1993:326) define decriminalization as "a step halfway between prohibition and full legalization." Decriminalization would drop the penalties for use and possession of certain drugs while keeping the sale of the drugs illegal. People who favor decriminalization argue that drug addiction is a medical problem and yet is treated as a criminal problem (Farley, 1987). Proponents of this approach also claim that property crime would be reduced because many addicts result to such crime in order to support their habits. However, critics of this policy see a clear contradiction between permitting drug possession on the one hand and penalizing sale or purchase on the other (Coleman and Cressey, 1993:326). No one really knows if decriminalization would work or not, but in 1986 a poll conducted in the U.S. found that 57 percent of those surveyed were against the decriminalization of marijuana and 36 percent were in favor (Jamieson and Flanagan, 1987).

Substance abuse may never cease in this country, but the extent of the abuse

can certainly be reduced. There is no quick and easy solution. However, the attached plan offers a unique approach in the treatment and recovery of the individual drug abuser.

CRIME

There is perhaps no social problem in the United States which has been discussed and studied more intensely than the crime problem. But, although much knowledge has been gained in the field of criminology, there are still a great deal of unanswered questions, especially when dealing with the causes and cure of crime.

Everyone, however, seems to be aware of at least some of the effects of crime on society. One in every five American households is touched by crime every year, and the resulting losses are into the billions of dollars (Coleman and Cressey, 1993; Merton, 1976). Those crimes are generally not violent in nature, but they tend to generate a great deal of fear in the lives of many people. As many as 59 percent of American women admit it that they are afraid to walk in their own neighborhoods at night (Flanagan and Maguire, 1991).

Crime has been a major problem throughout history. Can it ever be solved entirely or even partly?

Definition of Crime

Crime is commonly defined as any violation of the law -- a law being a formally written rule established by a political authority and carrying a penalty when violated (Farley, 1987; Sullivan and Thompson, 1988). The question is, "are all laws wise, good, and enforceable?"

Obviously, there are many foolish and obsolete laws that everyone violates at

one time or another. It has been estimated that the average urban citizen violates enough of these laws every day to imprison him or her for five years and fine him or her nearly \$3000 (Horton and Leslie, 1955; Hussey, 1930).

In contrast, many acts which are very harmful to society are perfectly legal. Paul B. Horton and Gerald R. Leslie (1955:89) illustrated this point in The Sociology of Social Problems. They put it this way, " To kill a person by selling him a useless nostrum when he needs medical treatment is entirely legal, if done carefully, but to sell him this useless junk for a nickel less than the official fair-trade price is a crime (in 45 states; in the other three [SIC], it is legal)."

A legalistic definition of crime as a violation of law is, according to Horton and Leslie (1955:90) not entirely satisfactory since it "labels much relatively harmless behavior as crime, while excluding many kinds of behavior that are socially most destructive." However, because this definition is the only "usable" one, it will be used in this section.

Types of Crime

Conventionally, crimes are classified into felonies and misdemeanors. Felonies are major crimes carrying imprisonment for more than one year and misdemeanors are minor crimes with a maximum penalty of less than a year's imprisonment in a local jail (Horton and Leslie, 1955). It is reported that the police are about 400 times more likely to make an arrest for drunkenness, or disorderly conduct than for murder (Flanagan and Maguire, 1991). For statistical purpose, crimes are usually classified in this manner: offenses against persons

(violent crime) which include murder, assault, rape, and robbery; crimes against property which includes robbery, burglary, fraud, and arson; and crimes against public decency and order (victimless crime) which include forbidden sexual practices and illicit drug use (Coleman and Cressey, 1993). Three other crime types are: juvenile delinquency, syndicated or "organized" crime, and white-collar crime.

Who Are the Criminals?

Most criminologists agree that age, gender, and geographical area have a significant influence on the incidence of crime (Coleman and Cressey, 1993). In the United States, about 6 times as many men as women are arrested and about 18 times as many are sentenced to prison (U.S. Bureau of Justice Statistics, 1990). Research further shows that teenagers and young adults have the highest crime rate in the U.S., although their crimes are generally not violent in nature. Minors, however, are responsible for 20 percent of the property crimes solved by the police; only 9 percent of the violent crimes are attributed to them (Flanagan and Maguire, 1991).

Cities show higher crime rates than rural areas (Horton and Leslie, 1955), and the rates are even higher in the decaying inner-city slums (Coleman and Cressey, 1993). Crime is lower in the suburbs than in the cities. But these findings do not prove that people from rural areas of the country are any less criminal than their city or suburb counterparts (Horton and Leslie, 1955). It is possible that rural crime is not fully reported.

Racial and ethnic variations in crime rates are substantial. Arrest statistics show that Blacks, Hispanics, and American Indians have higher arrest rates. It is astounding to find out that although Blacks account for 12 percent of the U.S. population, they constitute 30 percent of those arrested (Coleman and Cressey, 1993). For violent crimes, in 1989, Blacks accounted for 56 percent of those arrested for murder, 47 percent of those arrested for rape, and 65 percent of those arrested for robbery (Flanagan and Maguire, 1991). Almost one in four (23 percent) Black men in the age group 20-29 is either in prison, jail, probation, or parole on any given day (Austin, 1990). The number of young Black men under the control of the criminal justice system (609,690) is greater than the total number of Black men of all ages enrolled in college as of 1986 (436,000) (Mauer, 1990). Over one out of every ten Hispanics (10.4 percent) in the same age group is either in prison, jail, probation, or parole on any given day (Austin, 1990). Austin also reports that for white men the ratio is much lower -- one in 16 (or 6.2 percent).

Class variations are also significant. Horton and Leslie (1955) found that arrests and convictions are rare in the upper classes and frequent in the lower classes. Coleman and Cressey (1993) report that two-thirds to three-fourths of the men and nine-tenths of the women in prison are poor people. In 1934, it was found that of 1000 juvenile delinquents, about three-fourths were from poor families (Glueck and Glueck, 1934).

Horton and Leslie believed that the upper class has a better chance of

evading punishment for a variety of reasons, including: affluence, influence, education, occupation, social life community status, knowledge of their legal rights, and the privilege to secure skillful counsel. The upper-classes commit crime but it is a different kind of crime, called white-collar crime because it is committed by white-collar -- business and professional people -- in the course of their occupation (Horton and Leslie, 1955; Sutherland, 1949).

In the past, some criminologists contended that there were no consistent relationship between crime and social class (Title et al., 1978), but more subsequent research has shown that such a relationship does exist for minor offenses (Coleman and Cressey, 1993). Higher crime rates among the poor were also reported through self-report studies (Elliot and Ageton, 1980).

Crime Statistics in the U.S.

In 1991, the Bureau of Justice Statistics reported in its Sourcebook of Criminal Justice Statistics, that there were 34,403,610 crimes committed in the United States in 1990. These crimes included crimes of violence, rape, robbery, assault, theft, and personal larceny. The national prison population has more than doubled from 329,821 in 1980 to 703,687 in 1989 -- an increase of 113.4 percent (Bureau of Justice Statistics Bulletin, 1990).

It is expected that the nation's prison population will increase to 1.1 million inmates by the year 1994 (Austin and McVey, 1989). In 1988, the U.S. Department of Justice reported that over 9.7 million admissions occurred in the nation's 3,300 plus jails (Bureau of Justice Statistics Bulletin, 1989). Austin and McVey (1989) report that nearly one out of every twenty five adults in America go to jail each year. Jails typically house pretrial defendants and offenders sentenced to jail terms of one year or less. It is also reported that over 2.3 million adults were under probation supervision on any given day in 1988 (Austin and McVey 1989). The following table provides an overview of the national correction populations as seen in 1980 and 1988.

**CORRECTION POPULATIONS
PERCENT CHANGE 1980 - 1988**

	<u>1980</u>	<u>1988</u>	<u>% Change</u>
Probation	1,118,097	2,356,483	111%
Jails	163,994	343,569	110%
Prison	329,821	627,588	90%
Parole	220,448	407,977	85%
Totals	1,832,350	3,735,617	104%
Adult Population	162.8 million	182.6 million	12%
Adult Arrests	6.1 million	8.5 million	39%
Reported Index Crimes	13.4 million	13.9 million	4%

Source: Austin (1990)

As one can see, between 1980 and 1988, the probation and jail populations, which typically consist of pretrial defendants and offenders sentenced to short jail terms of one year or less, actually grew faster (111 and 110 percent, respectively) than prison (90 percent) or parole (85 percent) populations. The probation population remains the dominant form of correctional supervision with over 2.3 million adults on probation on any given day in 1988 (Austin, 1990).

In regard to parole, California is the nation's leader in parole violations. Austin and McVey (1989) report that in 1987, there were 62,729 California prisons admissions. Of that number, half consisted of parole violators and 80 percent of the parole violators were returned for technical violations. They further report that nearly two out of every five parole violations occur in California. More significantly, prison admissions for parole violations now exceed prison admissions for new court sentences (Austin and McVey, 1989).

Another problem is the high rate of recidivism in the U.S. Recidivism refers to "the repeat of an offense after having been convicted of a crime" (Sullivan and Thompson, 1988:292). Eighty-four percent of the inmates sent to state prisons in 1979 were repeat offenders (Werner, 1985). Sixty-one percent had been in prison previously. Among prisoners eighteen to twenty-four years of age, almost one quarter return to prison within a year after being released (Sullivan and Thompson, 1988).

Crime Statistics in Santa Clara County

Although available statistical information about crime in Santa Clara County was very limited, some facts are relevant. In March 1993, the Santa Clara County jail population was 4,114; in February 1993, the number of inmates was about the same (4,113). Men accounted for 89 percent of all inmates and the percentage of women inmates was 11 percent. The average length of stay was 76 days.

For the month of March, 1993, the statistics on the types of crimes committed in the county were as follows:

<u>Crime</u>	<u>Number</u>	<u>Percent</u>
Felony	3365	79%
Against persons	697	17%
Sex	160	4%
DUI*	207	5%
Drug	1090	26%
Property (theft, etc)	546	13%
Other Felony	436	11%
Parole Violation	129	3%
Misdemeanor	869	21%

*Driving Under the Influence

Source: Department of Correction

The ethnic composition of the County's inmate population for the month of March, 1993 was as follows:

<u>Ethnicity</u>	<u>#Men</u>	<u>%Men</u>	<u>#Women</u>	<u>%Women</u>
White	991	27%	163	35%
Black	586	16%	107	23%
Hispanic	1847	51%	186	40%
Asian	157	4%	4	1%
Nat. Amer.	13	0%	1	0%
Other	55	2%	4	1%

Source: Department of Correction

The following chart shows the number of inmates jailed in the county in March 1993, by age group.

<u>Age Group</u>	<u>Number</u>	<u>Percent</u>
18-24	1473	36%
25-34	1683	41%
35-44	735	18%
45-54	175	4%
55+	58	1%

Source: Department of Correction

During the month of March, 1993 some 30.8 percent of all inmates were given alternative sentencing. The breakdown of intermediate sanctions ordered at sentencing was as follows:

<u>Program</u>	<u>#Men</u>	<u>#Women</u>	<u>Total</u>
Electronic Monitoring	58	37	94
Work Furlough (4 to Casa Oasis+)	234	30	268
PSP*	208	31	239
Weekend Work Program	567	99	666

*Public Service Program

Source: Department of Correction

During the same month, of the males charged with felonies, 193 had been in jail for 6 months or more and 95 had been jailed for 9 months or more.

Going back to the ethnic breakdown of the jail population in Santa Clara County, one should notice the high percentages represented by Hispanics and Blacks (Blacks account for almost 4 percent of the population of Santa Clara County, yet they make up 16 percent of the county's jail population). No doubt, the "War on Drugs," among other factors, is pushing the rate of incarceration for Hispanics and Blacks up and up.

The Causes of Crime

What causes crime? That is the question, but is there a true answer? The "classical school" of criminology developed in the late eighteenth century by the Italian nobleman Cesare Beccaria and the English philosopher Jeremy Bentham, teaches that people freely "choose" to commit crime because it gives them "the most pleasure for the least amount of pain" (Coleman and Cressey, 1993:345). Although many people today agree with this idea, many more have developed various other theories. In this section we will limit our discussion to the

following: Biological Theories, Psychological Theories, Sociological Theories, Anomie Theory, Different Association and Subculture Theories, Labeling Theories, Opportunity Theory, and Conflict Theory.

Biological Theories

The "positive school" of criminology created by an Italian physician, Cesare Lombroso (1912) and his supporters in the late nineteenth century. They taught that most criminals were biologically different from "normal people" (Coleman and Cressey, 1993). This teaching is not approved by the scientific community. However, much research has evolved from Lombroso's theories. Coleman and Cressey (1993:346) reported that "Barry Hutchings and Snarnoff A. Mednick's study of 1,145 boys adopted in Copenhagen, for example, found that having a biological parent as a criminal significantly increased a boy's chances of growing up to be a criminal and that the highest crimes rates were among those boys whose adoptive and biological parents were both criminals."

The major problem with the biological theories is that theorists have not been able to accurately discovered what specific inherited traits causes criminal behavior. Low intelligence or an impulsive personality have been suggested (Wilson and Herrnstein, 1985). However, these biological explanations of crime have been greatly discounted by criminologists today (Sullivan and Thompson, 1988).

Psychological Theory

A fairly common approach to explaining crime is through the "psychological

theory" which sees psychological and personality disorders as the causes of crime (Farley, 1987). Freud's psychoanalytical approach is partly responsible for the development of the psychological theory. On one hand, Freud claims that all human beings are born with a certain degree of drive toward aggression, need for satisfaction, and physical pleasure. On the other hand, he argues that society often expect that those drives be controlled and not be satisfied every time there is an urge to do so (Freud, [1930] 1962). According to the Freudian theory, this creates a conflict within the person between the inborn drives (the **id**) and society's expectations (the **superego**). How we resolve that conflict determines the individual's personality (Farley, 1987). If society's expectations about behavior are too high for an individual to meet, frustration and aggression may follow because of the repression of the natural drives. When that happens, the drives may come out in abnormal and dangerous ways often resulting in crime (Farley, 1987).

Furthermore, some psychologists and psychiatrists offer personality theories to explain the causes of criminal behavior. Many believe that personality traits are the root causes of crime. They often diagnose criminals as sociopaths, meaning that they are unable to form close social relationships and have a lack of concern for others (Coleman and Cressey, 1993), or that they have no real sense of right and wrong nor of the consequences of their actions (Farley, 1987). However, several studies have not found that criminals have distinctive personality traits (Schuessler and Cressey, 1950); Waldo and Dinitz, 1967; Tennenbaum, 1977).

Sociological Theories

Anomie Theory

Finally, sociologists developed their own theories of crime. The concept of "anomie" elaborated by sociologist Emile Durkheim ([1893] 1964) is one popular theory about crime. **Anomie** means "normlessness" or the lack of effective social rules governing behavior (Farley, 1987). Durkheim argues that in industrial societies ties to families, community, and church become less important, and as a result crime and social disorder occur, primarily because they are less constrained by the need to please relatives or account to a priest or minister (Sullivan and Thompson, 1988). The underlying philosophy is that strong bonds to families and church provided the adequate constraint against the commission of crimes as well as other socially disapproved activities. According to Durkheim ([1893] 1964), crime is one of the prices people in industrial societies must pay to live in their modern industrial society.

Sociologists who uphold Durkheim's "functionalist" views further argue that fear of punishment is not necessarily what causes people not to commit crimes. Some contend that people commit crimes because they are afraid of the possible legal punishment (Coleman and Cressey, 1993), while others believe that people do not commit crimes because they simply believe that it is wrong (Farley, 1987) or immoral to break the law. This is often referred to as **control theory** (Coleman and Cressey, 1993). However, it is worth noting that when a sizable group of people believe that a particular law is unjust or invalid, nothing seems to

stop them from breaking that law -- Prohibition, marijuana laws, and abortion laws are fine illustrations of that.

In addition, a **social control** theory of delinquency also evolved on the basis of Durkheim perspectives. As Travis Hirschi and other control theorists see it, the solution for delinquency problems lies in the basic idea that if young people would maintain strong bonds and commitments to their parents, schools, peers, and church, delinquency would be reduced (Hirschi, 1969; Agnew, 1985).

The concept of anomie is also used in the attempt to explain why it appears that the poor are involved in more crimes than the other social classes. Robert K. Merton provided what is often called the **strain theory** (Coleman and Cressey, 1993; Merton, 1938) as a possible answer. In his theory, Merton notes that every society has both approved goals and specific ways of attaining these goals. According to Merton, anomie occurs whenever people wanting to attain these goals have limited or no access to the specific means for attaining them, thus causing them to try to achieve the approved goals outside of society's norms (Farley, 1987; Zastrow and Bowker, 1984). One obvious problem with the anomie theory is that it fails to explain why so many individuals from the middle and upper classes who are attaining their goals also commit crimes.

Differential Association and Subculture Theories

Another popular belief among sociologists is that people commit crime because they have learned to be criminals from others with whom they associate. One theory developed from this thought is called **differential association**

(Sutherland and Cressey, 1978). The developer of this theory, Edwin H.

Sutherland (1978) claims that people become criminals because "they are exposed to more people with attitudes and definitions that are favorable to a certain types of crime than are opposed to it" (Coleman and Cressey, 1993:348).

The **subculture theory** claims the presence of certain norms as a cause of crime (Farley, 1987). A group has a subculture "if it shares some set of norms and/or values that are different from those of the larger society" (Farley, 1987:156; Robertson, 1977:67). Members of a subculture with norms that conflict with the rules of the larger society, tend to follow the norms of the subculture rather than those of the larger society (Sutherland, 1966). According to this theory, contact and identification with law-breakers play the key role in causing criminal behaviors. This theory may be instrumental in offering explanations for corporate crimes, gang activities, and high rates of violence in the South, among the poor and racial minority groups.

Straus, Gelles, and Steinmetz (1981) found that men who were raised in families where violence occurred were ten times more likely to beat their wives than men raised in violence-free families. Other studies show that people who were abused as children have greater chances of becoming child abusers (Coleman and Cressey, 1993; Gil, 1970).

Labeling Theory

Another sociological theory about the causes of crime is **labeling theory** (Becker, 1973), based on a "self-fulfilling prophecy" concept (Farley, 1987:157).

The idea here is that some individuals are labeled as deviant, meaning that some people think that they are "good for nothing," worthless criminals, perverted, or whatever. Such labeling seems to encourage further criminal activities since it often causes the labeled individuals to be treated differently from others -- employers may not hire an "ex-con," people in the community may avoid contact with "tough criminals" etc. (Farley, 1987; Becker, 1973). It must be noted that a labeled individual may not at all be predisposed to commit another crime.

It is commonly taught that people develop their self-concept on the basis of what others say or think about them (Mead, 1967; Cooley, 1964). Therefore, people who are labeled and treated as criminals even if not predisposed to commit another crime, may come to believe that they are still criminals and always will be (Lemert, 1972). Some may feel that they simply will not have a fair opportunity to succeed in society as a result of the labeling placed on them, and turn back to crime (Reckless, 1973).

Opportunity Theory

Opportunity theory relates criminal behavior with the availability of illegitimate means to attain the goals set by society -- how easy it is for a person to gain through illegitimate or criminal activity (Cloward, 1969). The theory claims that if it is easy for an individual to benefit through a criminal activity and not be apprehended or punished, that person is more likely to commit the crime than if such opportunity did not exist (Cloward, 1959). Opportunity theory has been useful in explaining the criminological finding that "certainty of punishment

deters far more crime than severity of punishment" (Farley, 1987:155; Blumstein, Cohen, and Nagin, 1978; Gibbs, 1975).

Conflict Theory

Conflict theory has to do with the analysis of crime and delinquency problems as being more likely to occur among the less privileged groups of society: the poor, the young and the non-white. It is argued that it is powerful groups in society that decide which crimes are serious problems and who will be arrested and incarcerated for the commission of such crimes (Sullivan and Thompson, 1988). Conflict theorists are greatly influenced by the writings of Karl Marx who blamed certain conflicts within the capitalist system as the source of crime (Sullivan and Thompson, 1988). For example, capitalists must sell their goods at a profit and therefore must create a desire in people to purchase such goods. Yet, many people simply do not earn enough money to buy the items they have been almost brainwashed or at least taught to want (Chamblis, 1975).

Responses to the Crime Problem

The criminal justice system is officially responsible for dealing with crime and particularly criminals. This system is composed of the police, the courts, and the correctional institutions. Some people within and outside the system are in favor of what Herbert L. Packer (1968) called the **crime-control model** of criminal justice which advocate the speedy arrest and punishment of all criminals. Others favor a **due-process model** which is very concerned with the human rights and

liberties of individual criminals (Coleman and Cressey, 1993; Packer, 1968). The approaches most commonly used in the attempt to fight or prevent crime are punishment, rehabilitation, probation, and reduction of opportunities for crime.

Punishment

The United States administers **punishment** on its criminals for three main reasons: retribution, incapacitation and deterrence. Retribution implies the idea of getting even (Coleman and Cressey, 1993) or simply means repayment of damages (Curran and Renzetti, 1993). Incapacitation is based on the belief that society will be safe once society identifies and incarcerates the criminal; thus preventing crime (Farley, 1988). Deterrence has to do with scare tactics aimed at getting potential criminals so afraid to break the law that they do not (for example, see Beccaria, [1875] 1963; Bentham, [1823] 1948).

The United States punishes its criminals more severely than any other democratic nation (Coleman and Cressey, 1993). Yet, Americans seem to want punishment to be both more certain and more severe. They also want longer prison terms and the execution of certain criminals (Coleman and Cressey, 1993). However popular these demands may be, there is no clear indication that severity of sentencing and increase use of the death penalty deter crime (Farley, 1987).

Rehabilitation

A major purpose of the U.S. penal system is theoretically **rehabilitation**. The intention here is to identify and solve the problem(s) that caused the criminal offender to commit the crime, in which case the offender will no longer have the

need to commit crimes and can return to society as a changed, rehabilitated person (Farley, 1987). According to Curran and Renzetti (1993:539), rehabilitation is the "resocialization of the criminal toward socially acceptable behavior." In reality, rehabilitation within the prison or jail walls does not appear to be effective, considering the high rate of recidivism -- repeat offenses once prisoners are released or completed their terms (Farley, 1987). It is reported that as much as two-thirds of those released from prison commit another serious crime within four or five years (Beck, 1983; Wallersted, 1984). Perhaps, rehabilitation should take place in the community or approached differently by the penal system.

Probation

Probation is the main alternative to going to prison. While on probation, the offender is allowed to remain in the community while being supervised by a probation officer. In 1989, more than three times more people were on probation than in jails or prisons (Curran and Renzetti, 1993). The number of adults on probation was 2,512,479 in 1989, and about 500,000 youngsters were under juvenile probation supervision (Bureau of Justice Statistics, 1991). Unfortunately, the heavy caseloads of probation officers (sometimes more than 200 clients per officer) often prevent them from adequately supervising the individual clients.

A major benefit of probation is cost effectiveness. The average cost of a bed in a maximum security prison is between \$21,000 and \$153,300 per year (Curran and Renzetti, 1993). The average cost of caring for a federal inmate was \$13,000 a year (National Institute of Corrections, 1982:162). In contrast, the cost of

probation ranges between \$600 and \$2,000 per client per year, with no expenditure for housing.

Finally, probation seems to be more effective than prison in terms of recidivism. The recidivistic rate seem to be lower for inmate placed on probation than for those who were sent to prison.

Reduction of Opportunities

Another approach for reducing crime is thought to be the **reduction of opportunities** to commit crime. This approach is largely based on the opportunity theory of crime already described briefly. According to Farley (1987:162), examples of this approach include "target hardening (better use of locks, alarms, and so on), building design aimed at discouraging crime through natural surveillance, neighborhood-watch programs, gun control." It is still unclear if these programs in fact reduce opportunities for crime.

In the final analysis, we should ask two questions: Is there hope to having a more effective criminal justice system? and is there hope to reduce crime in this nation? Most of us would answer in the affirmative and attempt to find and implement the right solution(s) to this already out of control crime problem.

It is obvious that the negative impact of criminal activity and substance abuse is compounding American society's problems. While it may not be possible to reach an authoritative conclusion as to the causes of these problems, the best solutions should be in rehabilitation, not incarceration. Solutions must be implemented within the societal context, not apart from it.

Before proceeding to a description of the author's recommended plan for a solution, it is valuable to gain insight from the Third World, particularly in the area of poverty -- perhaps the biggest problem of that area and the cause of many other problems. Some understanding of the Third World is necessary because the proposed plan is to be implemented primarily in that part of the world.

A LOOK AT THE THIRD WORLD

No one would dispute the fact that the world is in turmoil. Problems -- big ones -- seem to be everywhere and no solutions seem to be found.

This section, does not attempt to discuss and analyze all the problems of the world. However, a general overview of the situation in an important segment of the world, namely the Third World, will be presented, particularly in terms of poverty in that region. The terms "Third World" and "developing countries" are used interchangeably throughout this section. And, for the purposes of this Thesis/Project, the world is divided in three parts: the First World, the Second World, and the Third World.

The First World consists of developed, industrialized countries including the United States, a few European nations, Japan and Australia (Coleman and Cressey, 1993). The Second World is made of the former centrally planned economies (or Eastern European nations which were a part of the former Soviet Union). Because some developing countries like Mexico, South Korea, and Taiwan, are more industrialized and have higher standards of living than most Third World countries, they are viewed either as part of the Second World or as belonging to the Third World.

For operational and analytical purposes, the World Bank classifies countries according to their gross national product (GNP) per capita. We will use their

classification in this report. World Development Report 1990 identifies the country groups as follows:

- Low-income economies: countries with a GNP per capita of \$545 or less in 1988.
- Lower-middle-income economies: nations with a GNP per capita of more than \$545 but less than \$2,200 in 1988.
- Upper-middle-income economies: countries with per capita GNP above \$2,200 and below \$6,000 in 1988.
- High-Income economies: nations with a GNP per capita of \$6,000 or more in 1988.

For our purposes, we will refer to all low-income and lower-income economies as the Third World. Some upper-middle-income economies are also included in the Third World.

What is the Third World?

Third World countries are the poorest in the world and face greater problems than those faced by other nations. Those problems include hyperinflation, external debt, weakening currencies, shortage of skilled workers, political instability, war and insurrection, mass poverty, rapid population growth, weakening commodity prices, and reliance on imported oil.

Third World countries are concentrated in the southern two-thirds of the world, in Latin America and the Caribbean (World Bank, 1999), Sub-Saharan Africa excluding South Africa (Dickenson et al., 1983), and most of Asia (Coleman

and Cressey, 1993).

When compared to the citizens of the developed nations, the people of the Third World have deficient diets both in quality and quantity. More people tend to work in agriculture than in manufacturing. On the average they live shorter lives and have a lower level of education than their counterparts in the industrialized countries.

Poverty in the Third World

Poverty is concerned with the absolute standard of living of a specific segment of any society, namely the poor. World Bank (1990:26) defines poverty as "the inability to attain a minimum standard of living." The standard of living is commonly measured by using household income and expenditures per capita as yardsticks. However, because this consumption-based measure does not directly consider other dimensions of welfare, World Bank (1990) supplements it with other measures which captures health, life expectancy, under 5 mortality, and school enrollment rates. The World Bank uses a universal poverty line to permit cross-country comparison and aggregation. Two numbers are used to establish this global poverty line: \$275 and \$370 per person per year. World Development Report 1990 reports that the use of the upper poverty line (\$370) gives an estimate of 1,115 million people in the developing countries in poverty in 1985. That is roughly one-third of the total population of the developing world. Of these, 630 million -- 18 percent of the total population of the developing world -- were extremely poor, meaning that their annual consumption was less than \$275,

the lower poverty line. It is amazing, however, that the aggregate poverty gap -- "the transfer needed to lift every body above the poverty line -- was only 3 percent of developing countries' total consumption" (World Bank, 1990:28). The transfer needed to lift everybody out of extreme poverty was only 1 percent of developing countries' consumption.

World Development Report 1990 further reports that nearly half of the developing world's poor, and nearly half of those in extreme poverty, live in South Asia. Sub-Saharan Africa has about one-third as many poor. The Middle Eastern and North African countries have the next highest poverty. They are followed by Latin America, the Caribbean, and East Asia.

The Inequality Problem

We live in a big world with over five billion inhabitants, each having the rights to share in its wealth and resources. However, in some cases those rights seem not to be exercised by some, and in other cases they are taken from many by a few individuals and/or governments. Poor nations seem to stay poor while developed countries continue to prosper.

Coleman and Cressey (1993) report that in 1989, the average industrialized nation produced about \$17,000 in goods and services for each of its citizens while the average Third World nation produced only \$750 per citizen.

In the area of health, the people of the industrialized world can expect to live 12 years longer than their counterparts in poor nations (Population Reference Bureau, 1991). Economic conditions, poor sanitation, shortage of medical care,

medicines and equipment, and lack of clean drinking water are some of the reasons for this difference. The lack of food is perhaps a greater problem in Third World countries. It is estimated that 20 percent of the world's population suffer from chronic malnutrition and that millions starve to death each year (Miller, 1988; Bennet, 1987). World Development Report (1990) reports that life expectancy in Sub-Saharan Africa is just 50 years, and mortality among children under 5 in South Asia exceeds 170 per thousands.

Education is another major problem in the Third World. Coleman and Cressey (1993) claim that in most industrialized countries, less than 1 percent of the people is completely illiterate while in many of the Third World nations the majority are illiterate. (World Bank, 1990:1) reports that more than one hundred million children in the developing world lack access even to primary education while in the industrialized countries "anything less than universal enrolment would rightly be regarded as unacceptable."

Indeed, the Third World faces a great number of problems, too numerous to mention and analyze in this Thesis/Project. It is a shame, however, that more than one billion people in the developing and Third World countries are living in poverty (World 1990). This massive burden of poverty upon this world is catastrophic. However, because this poverty is directly linked to the endemic problems of Third World societies and countries, it is anticipated that any future work to eradicate or reduce this problem will need to be holistic in approach. The author's plan will use this approach as it is implemented in the Third World.

CONCLUSION

We have just taken a general, yet realistic look at some of the social problems which affect us all. Poverty, homelessness, substance abuse, and crime are major problems that have challenged the human race throughout the ages. Yet, none of them has been conquered. Poverty continues to be a very strong enemy of mankind. Developed and industrialized nations as well as developing and Third World countries have to deal with this evil. Financial inequality which benefits only the top class of society is a universal phenomenon. Income and wealth is maldistributed in most (perhaps all) countries. Globally, the unemployment rate is high, wages earned by poor people who are fortunate enough to secure employment are low and insufficient to meet their basic needs. Thus, many poor people become homeless -- another major problem for humanity.

Drug abuse and alcoholism are widespread throughout the world. Such conditions are very costly to human societies in terms of accidents, crime, and family, work, health, and financial problems.

Crime is a worldwide problem whose extent is not fully known and thus promises to be a most difficult problem to solve. From generation to generation since the world began, all societies have experienced the consequences of criminal activities in one way or another. Sadly enough, almost everywhere in the world, the poor appear to be over represented among both the victims and perpetrators of crime, especially street crime.

The plan which follows primarily deals with poor individuals, either because their poverty led to homelessness, substance abuse, and/or crime, or because they are homeless, substance abusers, and/or criminal offenders they become poor.

While the collective societal problems are indeed monumental, I am confident that individually the drug addict and alcoholic can be permanently set free, that the criminal can be rehabilitated, and the poor delivered from poverty. The job will be done partly through The Christian Embassy, a unique residential program for individuals whose lives have been damaged or destroyed by poverty, homelessness, alcohol, drugs, and crime. The Embassy's work is designed to be one powerful solution to these four problems.

THE CHRISTIAN EMBASSY
IN SAN JOSE
(A Program of Emmanuel Unlimited)

BUSINESS PLAN

E. Emmanuel Corneille
Chief Executive Officer
P.O.Box 135
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Copy Number _____

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I. EXECUTIVE SUMMARY

This plan has been developed to present EMMANUEL UNLIMITED (referred to as EMMANUEL or the Agency) to prospective contributors and to assist in raising the \$228,000 initial capital needed to start operation.

The Agency

EMMANUEL UNLIMITED is a non-profit, multi-dimensional service organization with seven directors who will be involved in its development. The principal contact is E. Emmanuel Corneille, P.O.Box 135, San Jose, CA 95103 (408-258-8884).

In 1993, E. Emmanuel Corneille, the author of this plan, founded EMMANUEL UNLIMITED in order to promote the physical, material, emotional and spiritual welfare of poor and disadvantaged people throughout the world without distinction as to race, color, nationality, religion or age, through effective programs and services. The Agency intends to attain its goals in San Jose, CA primarily through The Christian Embassy, its rehabilitation and development program, which will serve the poor in Santa Clara County.

EMMANUEL is determined to succeed where many other programs have failed. Whether the problem is drug addiction, alcoholism, crime, homelessness, sexual abuse, or simply lack of direction and purpose in life, EMMANUEL opens the doors of The Christian Embassy to the individual who is seeking assistance in order to have a better, productive and stable life.

The Christian Embassy uses a holistic approach in assisting its residents.

Each person is viewed and treated as a whole being with body, soul and spirit. Each dimension of the resident must be healthy in order to assure stability and contentment in his life.

EMMANUEL's mission is thus geared to help the whole person, empowering each resident to be able to venture out in the community as a productive, responsible and stable individual who has clear, attainable goals in life and a job. The ultimate goal is to equip and enable each resident to reach his full God-given potential and to be willing to help others afflicted with the same difficulties that plagued him.

EMMANUEL is equipped to provide viable solutions to those problems and make the world a better place to live in. We are certain that we can do the job and make a difference through our uniquely designed and carefully balanced program -- banishing fear and defeat in the lives of people in need and equipping them to be winners in life.

Based on the detailed budget prepared by the founder of the Agency, it is estimated that \$228,000 of donation investment is required to begin successful operations of The Christian Embassy in San Jose. The funds received will be used to finance initial marketing activities, secure adequate facilities, and provide working capital during the first two years of operation.

Clientele Potential

The founder's clientele (market) research shows that, in Santa Clara County, there are at least 109,806 poor people, 13,000 to 34,669 homeless people, and 270,000 substance abusers. The county jails have an average monthly population of 4,000 inmates. People in great numbers are now in need in the county.

This "boom of needy people" will certainly increase the potential clientele base for the Agency's programs and services. This increase, combined with an expected future annual growth rate in the targeted population, will increase the demands for EMMANUEL services.

The Agency will approach the clientele-place primarily through existing shelters, drug and alcohol programs, area jails and prisons, churches, parks, feeding places, educational and vocational centers, county agencies and programs, and

The specific target people EMMANUEL will impact through these outlets are:

- Homeless men who are concerned about their well-being and interested in changing their current situation. Thus, they will want to receive the kind of comprehensive assistance the Agency provides.
- Poor criminal offenders in the various county jails or State prisons who are returning to the society on parole or probation, and who are willing to be rehabilitated in order to live crime-free, productive lives.
- Low or no-income drug addicts and alcoholics who sincerely desire

treatment and rehabilitation in order to resume a drug and alcohol-free lifestyle.

- The targeted age group will be 18 to 34, but we will assist as many older men as we possibly can through spiritual counseling, temporary housing, and referrals.

Major Milestones

For the past three years, the Agency's founder has been doing what he does best -- making people whole again. Using his own personal resources and money from family members, friends, and one area church, he provided a highly-structured yet loving home (his own rented house) to homeless individuals who faced multiple barriers to success in life.

Although miracles do not abound every day at the home, there are many success stories. Here are a few of them:

Giovanni, a 25 year-old Hispanic man, came to Emmanuel Corneille because he was homeless and addicted to drugs. Within ten months, he completed his English language instruction and vocational training in Facilities Maintenance. He has kept steady employment in his field of training for the past two years, earning \$12 an hour. For the first time in his life, he is experiencing the feeling of happiness and wholeness. He is now married and a proud father of baby girl.

James, a 20 year-old White man, with a severe drug addiction, was just expelled from an area drug program when he contacted Emmanuel Corneille who took him in. James spent 11 months at the home, earned his GED and studied

Auto Mechanics. He is now a licensed mechanic, working and living drug-free.

Darren, a 31 year-old Black man who was homeless and addicted to alcohol, wrote this testimony after 4 months with Emmanuel Corneille: "God, through Emmanuel, blessed me with comfortable housing, good food, purpose, hope, love, good teachings, work, and a good life, free of drugs and alcohol. I am alive again and so thankful."

This informal yet effective program will now serve as basis for the proper development of The Christian Embassy. Furthermore, the founder has established contact with several community leaders in both the private and public sectors.

Distinctive Competence

EMMANUEL is uniquely positioned to provide comprehensive holistic services to the residents of The Christian Embassy due to the managerial, and field expertise of its founder and executive staff, and its services' distinct benefits.

E. Emmanuel Corneille has earned a Master's Degree in Global Administration from San Jose State University, and is multi-lingual, being fluent in French, Spanish, Portuguese, English and Creole. He has over nine years of experience in the human service field and over 5 years of business experience.

He has spent the last three years developing, refining, testing, and providing holistic, developmental services to poor individuals in Santa Clara County through his home-based program.

He worked as a social worker in the slums of Haiti for Plan International

and later became the Administrator of that agency in Croix-des-Bouquets. For three years, he served as the Executive Director of Hephzibah Youth Development Program in New York.

As Sales and Business Manager of a successful automobile dealership (Houtchin Dealership) in Birmingham, Alabama, he was involved in most aspects of the operations, from hiring, training and motivating sales force and administrative staff to monitoring inventory levels and overseeing financing and financial transactions.

As founder and president of the Christian Embassy, E. Emmanuel Corneille will manage the overall operation and administrative functions, ranging from fund raising and budgetary matters to serving as liaison with organizations and community members.

Financial Summary

Based on detailed financial projections prepared by the founder of EMMANUEL UNLIMITED, if the Agency receives the required \$228,000 in funding, it will operate effectively for the first year and successfully enter the second year. The following is a summary of projected financial information.

REVENUES	AMOUNT
Income from Individual Donations, Grants, Churches, Fundraising, and Residents' Contributions	\$228,000
EXPENSES	AMOUNT
Salaries & Fringe Benefits	\$107,300
Other Operating Expenses	<u>\$ 75,850</u>
Total Operational Expenses	\$183,150
SURPLUS (Carry Over)	AMOUNT
Salaries (3 months), Rent (3 months), and \$9,025.02 for other expenses	\$ 44,850

Conclusion

The founder of The Christian Embassy is greatly encouraged by the immediate and enthusiastic acceptance of the program by local government officials and other community leaders from profit and nonprofit organizations including Christian churches and groups. We believe that this innovative Program will be a tremendous success in that it will help many people exit their miseries and enter into a satisfying and fulfilling lifestyle.

II. MISSION STATEMENT

It is the mission of The Christian Embassy to create and maintain the right climate for rehabilitation, recovery and development of its residents, and operate an effective, high quality program that impacts on the residents' lives and fills the gaps. The Christian Embassy is also committed to perform at all times in a manner that warrants the highest degree of public confidence in its integrity, efficiency and effectiveness.

III. PHILOSOPHY

The Christian Embassy believes that through love, motivation, wise counsel, compassionate and professional care and guidance, and a carefully designed, Christ-centered program, ruined or damaged lives can be restored to wholeness, happiness, and productivity.

The program staff must be concerned about the needs of each individual and willing to do whatever it takes to help him or her succeed in life. They must believe that there are positive solutions to each resident's problem(s) and find such solutions in order to enhance the quality of his or her life.

The founder believes that a resident is a unique human being who can succeed regardless of his race, background or ability. The staff must embody this philosophy in all programs and activities. Residents must not be treated as second rate citizens or just bed numbers, but with love and respect as valued members of EMMANUEL's family.

In essence, the founder believes that once the staff accurately identify the major problems/barriers to a resident becoming self-sufficient and productive through God, and successfully eliminate these barriers, then we should see positive changes leading to success in the life of the resident. It is the belief of the Agency that love, acceptance, forgiveness, honesty, respect, loyalty, justice, mercy, courage, and patience are the foundation for building solid and successful lives and relationships, when mixed with a humble and positive attitude and a sincere desire to serve.

In order to create the environment necessary for effective programs and services, the Board of Directors endorses and prescribes strong instructional

leadership, a safe and orderly climate, program-wide emphasis on basic skills, high staff expectations for resident achievement, and continuous assessment of resident progress.

Furthermore, the founder believes that: (1) the central interests of The Christian Embassy must be God and the individual resident, (2) learning a new, positive way of life is an active process, (3) the community has an interest in the quality of our program, (4) experiencing success is crucial to the learning process, (5) the qualities of teaching and learning are inextricably interwoven, (6) program improvement is a continuing process, (7) providing a quality program of rehabilitation and development to needy people is a responsibility of the community, and (8) the community provides and should provide an essential resource to this kind of program.

IV. PURPOSES

The primary goal of The Christian Embassy is to motivate, enable, and empower poor and disadvantaged people to succeed in life in spite of the barriers they face.

The Christian Embassy also purposes to:

1. To provide a caring, comfortable, drug-free, alcohol-free, and crime-free environment to people in need.
2. To help people in need develop the whole person - body, soul and spirit - while building a solid foundation upon which they can reach their full God given potential.

V. MEASURABLE OBJECTIVES

For the first year of operation beginning on September 1, 1993, The Christian Embassy has the following objectives:

1. House and serve at least twenty-four men in need:
2. At least 50% of the residents would have been homeless when they applied at The Christian Embassy.
3. Have at least twenty graduates.
4. Have at least a 95% resident-occupancy rate at all times.
5. Help participants improve their personal self-concept, so that they are able to develop positive attitudes, more effective behavior patterns, and better interpersonal relationships. Individual, group, and psychological counseling sessions will be provided to achieve this objective. In depth interviews will be conducted with a sample of the residents and graduates, and case summaries prepared.
6. 80% of the participants who stayed longer than thirty days will have remained drug/alcohol/crime free until they complete their established program.
7. 95% of the eligible residents who stayed longer than eight months will have completed a vocational training program.
8. At least three residents will be enrolled in a college and/or university during the year.
9. 95% of the participants who stayed at least nine months in the program will be gainfully employed in their field of training upon entering Phase Three of the program.

10. 95% of those we served for at least ten months will either move to Phase Three or have their own residence upon departure.
11. 95% of the residents will be committed followers of Jesus Christ.

VI. CLIENTELE

During the first two years of operation, The Christian Embassy will serve only men. In 1995, The Christian Embassy will either offer coed housing or have a separate program for women. Any man who is at least 18 years old and faces barriers which inhibit him from living a normal, fulfilling life, may apply for admission to The Christian Embassy.

The center will serve the homeless, drug addicts, alcoholics, criminal offenders on parole or probation, men facing severe financial or marital problems, and others who also need help to rebuild their lives. Men will be helped regardless of race, color, nationality, or religion. Physically and mentally handicapped will not be accepted in the program during the first two years of operation as special and adequate facility and staff will be necessitated.

The program expects to serve a minimum of twenty-four residents during its first year. It is our plan to at least double that number by the third year.

VII. ADMISSION POLICY

Application for admission to The Christian Embassy will be considered without regard to race, color, or religion.

The main requirement for admission is that the applicant admit responsibility for his abusive, abnormal and/or criminal behavior, or his current situation, and fully commit himself to a better, stable future. He must also be willing to allow The Christian Embassy to help him help himself, and work with the staff and fellow participants in a well-defined program of activities whose violation will be grounds from immediate suspension or dismissal from the program. Specific admission criteria are the following:

1. All admissions must be voluntary. Applicants must be willing to participate in all aspects of the program, including spiritual activities.
2. Applicants should not require extensive medical treatment.
3. Applicants must be ambulatory, and be able to care for themselves in the event of an emergency.
4. Applicants must be mentally competent.
5. Applicants must be free of communicable diseases.
6. Applicants must not show behaviors that are dangerous to staff and others.
7. All applicants must be willing to sign the various agreements required by The Christian Embassy upon their admittance to the program.

Admission and adherence to the program or activities will be carefully reviewed by the staff, and participation will be appropriately recognized and rewarded according to an established system of reward.

VIII. PROGRAM DURATION

Because the program is individualized and somewhat self-paced, residents may remain at The Christian Embassy until they are ready to leave. The average stay is estimated to be six months.

IX. PROGRAM FEES

The program will be free of charge to any resident who does not have an income. Residents who are employed or receiving income from any source other than governmental will make a mandatory contribution of at least 40% of their income to The Christian Embassy. Those receiving financial assistance from the government will be required to share 75% of that income with The Christian Embassy.

X. PROGRAMS AND SERVICES

PROGRAM APPROACH

The Christian Embassy is designed to help fill the gaps in the lives of its residents. The success of the program will be based on the Word of God and its application, and on the staff's ability to understand the weaknesses and strengths of individual participants and assist in meeting their physical, social, emotional and spiritual needs.

The Staff has the responsibility of creating the right environment for rehabilitation, recovery and development that will strengthen and support each individual to help him achieve his fullest God-given potential.

In brief, there are six key ways in which The Christian Embassy's carefully balanced, residential program will provide developmental, character-building and life-restoring services to its residents:

- a. Regular Bible Studies** -- will expose the Word of God to the residents and teach them Biblical, Christian values.
- b. Positive Self-Image** -- will enable the residents to achieve many small or big successes that will help them feel good about themselves and their accomplishments and know that they have the ability to reach their full potential.
- c. Positive/Individual Experiences** -- will reinforce positive behavior on a daily basis through group experience and interpersonal exchange. The residents will receive assurance, encouragement and rewards for positive behavior and achievement. Counseling and corrective experiences will be provided when residents have problems or encounter difficulties.

d. Strong Role Models -- on different levels, residents will observe positive role models who will constructively influence their behavior and development on a daily basis.

e. Positive Peer Pressure -- Residents will receive positive peer pressure that will help direct their energies, resources and motivations into good, constructive activities.

f. Acceptance and Recognition -- the staff finds the gaps in the residents' lives, help fill them by understanding the needs of each individual, and guide him or her into the experiences that will remedy these gaps -- be they physical attention, educational handicaps, emotional instability, spiritual deficiencies, weaknesses in interpersonal relationships, etc.

Those fundamental concepts will be carried out through a wide variety of activities and services. The staff will also utilize the resident's interests in "fun" and "favorite work" activities to expand their world through a carefully and well-coordinated program.

CORE AREAS OF PROGRAM FOCUS

Maintaining an effective program that will help restore dignity in the lives of the residents will be the constant challenge of The Christian Embassy. Every activity or interaction that a resident experiences through the program will fall into the areas of program development.

The core areas of programs give fundamental purpose and direction to the variety of activities conducted by The Christian Embassy. They are the integrating factors of the "how" and "why" of the work at The Christian Embassy. They are:

a. Physical Care -- providing the residents' basic needs such as food, housing, clothes, transportation, etc.

Residents will be housed in a nice, clean and peaceful home, and receive three nutritionally balanced meals a day. Additional foods will be made available at designated snack times. Natural food supplement such as vitamins will also be a part of their daily diet. Most of the food will be donated by area churches, shelters, food banks, and food vendors and other sources.

Decent and appropriate clothes and most personal hygiene items such as toothbrushes, toothpaste, soap, lotion, combs, shampoo, deodorant, etc, will be provided.

Residents will also receive medical, dental, psychological and legal assistance. Financial aid will be available in special cases.

Bus passes will be given to them when necessary and rides to and from authorized activities will be provided. Residents will also have access to a telephone, free of charge, for purposes described in their individualized program,

such as contacts with school officials, family members, attorneys, probation/parole officers, medical doctor, etc. A public telephone may be used for other calls.

The goal here is to alleviate the basic anxieties of the resident's life.

b. Spiritual Development Opportunities -- offered to help the individual resident to develop, maintain and improve his personal relationship with God through Jesus Christ. Attendance in Bible studies, prayer and worship sessions, and other spiritual activities will be required.

As the residents grow spiritually, they will be challenged to advance steadily toward the completeness and self-discipline that belongs to spiritual maturity. The goal here is to train their senses and mental faculties, by practice, to discriminate and distinguish between what is morally good, noble, and what is bad and contrary to divine and/or human law.

c. Discipline -- a very essential part of the program. It is very important to discipline our residents. A lack of discipline is lack of love. We will correct our residents because we love them. Discipline comes from the latin word "discipulus," and simply means "to learn." Thus, discipline is a learning experience. If not, then it is just punishment and will most likely lead to rebellion and not maturity.

Residents will be required to abide by program policies and house rules which will challenge and encourage them to be disciplined and have order in their lives. They will also learn to exercise self-control.

d. Leadership Development -- staff will guide the residents toward an acceptance of responsibility and provide them with opportunities to develop skills to motivate others for good.

Residents will be given specific duties and work assignments; and with proper instruction, tools, and supervision, they are encouraged and expected to do and complete the work with excellence. Finished work and quality will be emphasized and rewarded.

Leadership seminars will also be conducted by leaders in various occupational fields. We will work hard to instill the following character and leadership qualities in our residents:

Attentiveness -- showing the worth of a person by listening to him with courtesy and consideration (Philippians 2:4).

Availability -- adjusting your schedule in order to have time to serve others whenever needed (Mark 1:17,18).

Christ-likeness -- striving to be like Jesus in every thing you think, do, and say (Philippians 2:5).

Commitment -- giving of yourself to a person or cause and enduring to the end of one's agreement (Psalms 37:5).

Compassion -- caring enough about the misfortune of others to help them through it (Luke 10:30-35).

Confidence -- assurance that what you believe in is steadfast and that you need not fear opposition (II Timothy 1:12,13).

Consideration -- believing that what others say or feel is worthy of your attention (Philippians 2:4).

Consistency -- maintaining a constant perspective in a situation which is in line with your convictions (I Corinthians 15:58).

Contentment -- accepting present circumstances knowing that they have been allowed by God and looking at them in the light of eternity (Philippians 4:11).

Courage -- being undaunted in all circumstances, realizing that God is in control of all that happens to you (Isaiah 41:10).

Creativity -- discovering some unique ways in which God would have you accomplish your assignment (Daniel 1).

Decisiveness -- basing your decisions on your convictions, then acting on them by faith rather than by emotions (Matthew 26:38,39).

Deference -- courteously yielding any personal freedom to another so as not to offend him/her needlessly (I Corinthians 8:9-13).

Dependability -- honoring your word by following through on what you have agreed to do (Ecclesiastes 5:5).

Determination -- purposing to finish a task you have agreed to do regardless of opposition (Philippians 3:13).

Discretion -- demonstrating what is acceptable to the Lord by keeping your words and actions under the guidance of the Holy Spirit (Ephesians 5:9).

Efficiency -- organizing your life so that you do not waste time or resources (Ephesians 5:16).

Endurance -- holding steadfast to God's principles and promises throughout all circumstances (James 5:11).

Faith -- developing a confident assurance in God's Word for our future even when you don't see things clearly (Hebrews 11:1).

Flexibility -- the ability to accept change without losing your joy or peace (Genesis 12:1-4).

Forgiveness -- the willingness to inwardly and outwardly release a person who has wronged you (Matthew 6:15,16).

Friendliness -- reaching out to others with kindness without expecting anything in return (Proverbs 18:24).

Generosity -- holding your possessions in an open hand toward those in need without thought of repayment (II Corinthians 9:7).

Gratitude -- showing and expressing to God and others your appreciation for them and what they have done for you (Ephesians 5:20).

Honesty -- speaking and living the truth even if you must suffer for it (II Corinthians 8:21).

Humility -- estimating myself honestly according to the measure of my faith (Romans 12:3).

Integrity -- being above reproach and mature in character by honoring my word (Job 2:3).

Joyfulness -- inner peace and contentment that comes only from obedience to God and is revealed by freedom in your spirit (Psalms 32:11).

Kindness -- showing in your actions God's love and compassion for others (Ephesians 4:32).

Love -- the undying commitment to meet the basic needs of others regardless of how you feel about them or their ability to repay you (I Corinthians 13).

Loyalty -- reaffirming your commitment to a person or cause, especially in the time of adversity (John 15:13).

Meekness -- conquering with a quiet spirit rather than with force or intimidation (Matthew 5:5; Isaiah 53).

Obedience -- willingly following the commandments of God, knowing that they have been given for your own good (Acts 29).

Patience -- accepting the trying of your faith as from the Lord and allowing to produce Christ-like character in you (James 1:2-4).

Peacefulness -- keeping your thoughts calmly centered on Christ who alone is able to give perfect peace (Isaiah 26:3).

Perseverance -- continuing to press toward a goal regardless of physical or emotional obstacles (Philippians 3:13,14).

Prayerfulness -- remaining in constant communion with the Father and seeking His will for your life (I Thessalonians 5:17).

Prudence -- using common sense and God's Word to make daily decisions (Hosea 14:9).

Punctuality -- showing respect for others by being on time for appointments and by not overstaying the allotted time (Ephesians 5:15,16).

Respectfulness -- holding others in high esteem, realizing that God loves them as much as He loves you (Romans 12:10).

Responsibility -- doing what you have agreed to do and what is expected of you without need of supervision (Ephesians 6:5-8).

Sincerity -- having transparent motives and a genuine desire to do what is right (Titus 2:7,8).

Studiousness -- disciplining yourself to studying the Word of God and applying His teachings in all that you do (II Timothy 2:15).

Submission -- yielding yourself to the authority of God and those in authority over you according to God's will, without murmuring (Hebrews 13:17).

Tolerance -- accepting others for who they are in Christ, regardless of differing opinions (Ephesians 4:2).

Understanding -- allowing God's wisdom and the fear of the Lord to be the filter for all of the knowledge you receive in things that are changeable (Matthew 6:19).

Unselfishness -- being more concerned with what you can give rather than what you may receive from another (Philippians 2:3,4).

Uprightness -- being consistent in your adherence to God's principles and commandments (Galatians 5:1).

Vigilance -- being alert to possible danger in order to protect those for whom you are responsible (I Peter 5:8).

Virtue -- conforming to God's principles of moral excellence (Proverbs 31:10-31).

Wisdom -- applying God's teachings that you might judge rightly and discern the truth in all matters (Proverbs 16:16).

Zealousness -- working with enthusiasm and energy for the cause of Christ (Titus 2:13,14).

In addition to learning sound, Biblical character building principles, residents will have opportunities, throughout their program, to exercise their acquired

leadership skills in supervisory level positions within and/or outside The Christian Embassy. They will be challenged to develop and organize special projects, prepare and deliver Bible studies or messages, and evangelize.

The goal here is to prepare the residents so that, once they are back on their own, they can contribute to the overall improvement of their community, be responsible members thereof, and most importantly be instrumental in the advancement of the Kingdom of God.

e. Fellowship, Friendship, Companionship -- Encouraging the residents to learn and apply interpersonal skills to secure good relationships with others. They will learn to understand and positively deal with individual differences, communicate, and get along with other people without necessarily compromising their uniqueness and new values.

Although this will be accomplished mainly through personal experience, awareness and skill-building training sessions in interpersonal relationship will be conducted on a regular basis.

f. Activities -- allowing the residents to participate in and enjoy a wide variety of activities, including but not limited to:

Physical Education and Health -- emphasizing personal care and hygiene, and proper development of sports and other body coordination skills.

Artistic/Cultural Enrichment -- developing the maximum potential of our residents as creative beings and providing an understanding of a richly diverse ethnic world.

Social Recreation -- learning the proper role of fun and leisure, as well as

having opportunities to function in groups formally or informally.

Courtship/Dating -- will be allowed although a conservative view of such will be encouraged considering the tremendous increase in divorce, abortion and children being raised in single-parent homes.

Some activities will be specifically purposed to further intergroup and interracial understanding, cooperation and friendship.

g. Counseling -- helping the residents deal with their past, face their daily problems and challenges with courage, and adjust to their new way of life.

EMMANUEL believes that where there is no counsel the people perish. Thus, individual and group counseling will be provided by trained counselors.

Counseling for the residents' "family" members will also be available. "Family" will include not only the traditional family members but also any friend, employer, or anyone else who is concerned with or a part of a resident's individual support system.

Counseling sessions will follow a question-and-answer discussion format whose content will vary with the given purpose. Individual sessions, for example, will cover a range of problem areas such as: house rules and regulations, home and family, legal and financial problems, education, employment, problems relating to sex, interpersonal relationships, and other topics.

Sessions will use a problem-solving format: identification of problems, naming causes, suggesting options, selecting options, and follow-up solutions. Emphasis will be on goal orientation, goal specification, goal clarification, and goal realization by the participants themselves with staff support.

EMMANUEL recognizes and acknowledges the Holy Spirit as the True and Perfect Counselor. In order to provide effective counseling so that the men may be guided in the right direction and receive the right information and instruction, the staff will rely primarily on the Holy Spirit.

h. Educational and Vocational Opportunities -- given to each resident, so that they may acquire the necessary skills, knowledge, and experience to enter or re-enter the competitive job market, work intelligently and succeed. Those skills will include: reading, writing, mathematical computation, verbal communication, motor skill development, decision making, self-esteem, English as a Second Language (ESL) for the non-English speaker, and a job skill.

The program also seeks to develop each student's respect for self and others, personal and school responsibilities, and critical thinking.

The Christian Embassy will mainly use existing, licensed and/or accredited, vocational and educational schools and programs to provide each resident with those basic skills necessary to participate and function effectively in society. Most of the participants will be eligible for grants and other financial aid made available to students by those schools and programs.

i. Placement Assistance and Employment -- assisting the residents through classroom type training in job-search techniques, preparation and conduct during employment interviews. The Christian Embassy will also provide job leads, whenever possible, and advice on employment opportunities.

This service will be offered primarily to residents who are completing or have completed their vocational or educational training, or those who have been in good standing in the program for at least two months and allowed to work.

j. **Service** -- a most important aspect of the program. At this phase, residents have the opportunity to apply what they have learned and their experiences to serve others. They are required, encouraged and assisted to reach out to others in hospitals, jails, youth centers, other community programs, etc, or to volunteer their time, talents and services to The Christian Embassy.

PROGRAM PHASES

The Program is primarily designed to help the residents make the social, psychological, and physical transitions back to a drug-free, alcohol-free, crime-free, and productive life. In order to graduate from The Christian Embassy, each participant is expected to complete three highly structured phases.

Advancement from one phase to the next will be based on measurable objectives with frequent interaction between the staff and the individual resident. Random drug and alcohol testing will be performed routinely to further assess a participant's progress.

Furthermore, participants' readiness to move from one phase to another phase is earned through a demonstrated willingness to accept the process and procedures of the Program along with residents' achievements and their desire to help themselves through a concentrated experience with different kinds of counseling sessions which seek to strengthen the residents' changing perception of themselves and of their relationships with other people. Those phases are enumerated and described below.

PHASE ONE: PREPARATION

Upon admission to The Christian Embassy, each resident will go through a preliminary process of orientation and assessment which may last up to thirty days. During that time, he will be confined to the premises of The Christian Embassy except when authorized by staff, and follow a rigidly structured program. This process is necessary to prepare and equip him for a successful life at the center where he may stay eight to twelve months, in order to receive maximum program benefits.

The resident will be given a thorough orientation to the program. A complete tour of the facility is conducted and introductions to staff and other residents are made. Program rules, policies, purposes, and philosophy are explained. Additional informational forms are filled out and program related agreement signed.

Also, specific jobs will be assigned and explained. The average work day will be three hours during phase one. Quality and finished work will be emphasized. This phase will be characterized by intensive individual and group counseling sessions on a daily basis, which will focus on each resident evaluating his goals and making a serious commitment to the program. It will also be an identification phase during which major addiction and personality problems will be identified. Twelve Steps meetings sponsored by the Embassy's Twelve Steps Program (CTSP) must be attended by Residents who were addicted to alcohol and/or other drugs prior to admission must attend Twelve Steps meetings through the Christian Twelve Steps Program (CTSP). Other residents must attend specially designed meetings to help them deal with the specific problem(s) that

led them to come to The Christian Embassy. These meetings will be offered through our Special Problems and Solutions Program (SPSP).

Also, during this phase, a medical evaluation performed by a medical doctor will take place to uncover any physical ailments that might be present, and appropriate treatment prescribed. Dental problems will be treated on an emergency basis. An individualized health and fitness program will be designed during this phase. Furthermore, all legal matters will be discussed, legal advice given by an attorney when necessary, and the appropriate actions taken.

Also, the individual's educational and/or vocational needs are assessed and a plan addressing those needs is prepared. GED tutoring and basic skills instruction will begin at this phase for those in need of such assistance. An employment plan will be designed for those who are exempt from receiving vocational training. Such exemption is granted only if the resident is already trained in a particular field which offers good employment potential, does not have a drug/alcohol problem and is not legally restricted from working.

Finally, but most importantly, a spiritual Christian development program will be prepared for each resident in close cooperation with the resident. Bible studies, worship, praise and prayer services, and other spiritual activities will be offered on a daily basis. Attendance to these activities will be mandatory. Active participation will not be required.

Criteria For Advancement to Phase Two

To progress to Phase Two a resident must successfully complete Phase One.

Successful completion is determined by the Resident Review Board (RRB) which consists of staff and at least one Phase Three resident. Here are some of the requirements:

a. The resident must have attended at least four individual sessions and at least ten group counseling sessions.

b. Residents with drug and/or alcohol abuse problems must have attended at least one Twelve Steps meeting a week, through CTSP.

c. Residents without drug and/or alcohol abuse problems must have attended at least one Special Problems and Solutions meeting per week, through the Special Problems and Solutions Program (SPSP).

d. The resident must have followed or be following the recommendations made by his legal counselor in regards to any legal problems.

e. Residents must have taken all required medical, dental and psychological examinations and tests.

f. The resident must have performed his work duties to the satisfaction of the supervising staff.

g. The resident must have been monitored at least twice through urinalysis, and maintained sobriety for at least thirty days.

h. The resident must have demonstrated compatibility with the program, staff, and peers.

i. Residents must have attended at least 95 percent of all mandatory spiritual activities.

j. The following plans must have been completed: the educational/

vocational plan or the employment plan, the family reunification plan when desired, the health and fitness plan, the financial plan, and the spiritual development plan when applicable, and the general plan which states the personal goals and objectives of the resident for the next three years and the corresponding action plan.

PHASE TWO: FOUNDATION

During this phase, the participant will be involved in implementing the various plans established during phase one and building a solid foundation for his life.

Residents will be required to attend at least 95 percent of all mandatory spiritual activities, and demonstrate increased Christian characteristics in their lives.

Having identified his character defects and their effects on his life, the resident will spend much time addressing both the effects and associated problems. Ways in which to overcome them will be discussed and alternatives investigated.

Each resident will have the opportunity to begin meeting his educational and career needs through his participation in a full range of academic and vocational training. Participants who have not completed high school must be enrolled in a course work leading to a high school diploma or GED.

During this phase, the resident will learn various leadership and interpersonal skills through in-house seminars and workshops. Judeo-Christian principles and values such as love, hard work, integrity, honesty, justice, respect, self-reliance, mercy, courage, sacredness of marriage, discipline, self-control, teamwork, love, forgiveness, sharing, generosity, etc, will also be taught in both formal and informal manners.

Furthermore, the resident will be given more responsibilities in the center's activities, such as being speakers, planning, preparing and serving meals, being

receptionists, and performing important errands. They will primarily be utilized in the statistical area, recreational area, orientation and counseling of new residents. They will also participate in the intake process, clerical work and help with nightly security and maintenance duties. It is also in this phase that participation in community service is mandatory.

Residents with family problems will be challenged and encouraged to resolve past conflicts. They will be assisted to do so through the Family Support Services (FSS) which are described later in this plan.

The Phase Two resident will also be required to engage in a strong and comprehensive health and fitness program including health maintenance, rehabilitation, and long term wellness programs. In addition, residents will learn such basics as good grooming, proper speech, and table manners.

Throughout this phase, the participant will be receiving training in Personal Money Management (PMM) provided by financial management experts. In PMM class, the resident will gain understanding as to the causes of financial problems and appropriate solutions. He will learn how to lay a foundation for financial freedom, how to buy, how to stay out of debt, and how to establish a realistic budget. Savings and investing will also be discussed. Finally, ways to strengthen his family through the right use of money will be suggested.

Phase Two will last a minimum of sixty days. Residents will be evaluated on various areas of rehabilitation and development at least once a week.

Criteria for Admission to Phase Three

To enter Phase Three, the resident must meet several criteria including but not limited to the following:

- a. Vocational training or at least one semester of courses in a college or university must have been satisfactorily completed. Or, in the case of the school-exempt resident, employment must have been secured.
- b. Harmony with fellow residents and staff must have been demonstrated.
- c. Job performance must have been at least progressively above average.
- d. All applicable Phase One plans must have been successfully implemented.
- e. Continued sobriety is necessary. Residents may not have more than two positive alcohol/drug tests through random urinalysis. In the case of a third positive test, the resident will be required to begin Phase Two again with certain restrictions applied.
- f. Participation in any form of violence automatically disqualifies the offender from moving to Phase Three. Most likely, he will be dismissed from the program. However, he may re-apply for admission to Phase Two.
- g. Each resident must have attended at least two Christian Twelve Steps (CTSP) and/or Special Problems Meetings (SPM) a week.
- h. The participant must have had a buddy or disciple for at least thirty days. A buddy or disciple is a successful, Christian member of the community who is willing and approved through the Buddy/Disciple Support Program (BDSP) to be a friend, mentor, and role model to the resident.
- i. Participants must have been involved in some kind of community

service

for at least thirty days. This involvement must continue throughout Phase Three.

j. Gainful employment must have been secured by the resident.

k. Residents must have completed the 12th step of CTSP or SPSP and demonstrated comprehension through class discussion, written work, and appropriate personal application.

l. All financial, legal, and family-related problems must have been resolved unless they were long-term in nature, for example a past student loan which is payable over a period of six years, a court-mandated registration with the local police department for as long as the resident resides in the State, or a child custody hearing scheduled to take place months later.

m. The resident must have satisfactorily completed his Personal Money Management (PMM) training program.

n. Residents must have attended and participated in 95 percent or more of all mandatory spiritual activities.

PHASE THREE: TRANSITION

The goal of Phase Three is to help those who have completed the foundational program to successfully transition from intensive emotional, relational, educational and financial training into the real, community life.

Increasing responsibility and self-reliance will mark this phase of the program. The resident must remain gainfully employed throughout Phase Three and accept responsibility for helping Phase One participants face, understand and adjust to their new life at the center. Also, continued educational or vocational training will be encouraged throughout this phase.

Phase Three residents must continue their training in financial management and their participation in CTSP and SPSP. Most other programs and services offered at The Christian Embassy will be available to them. Most importantly, residents must demonstrate commendable spiritual life and Christian character.

The housing quarters for Phase Three participants will be apartment-style studios for one, two or a maximum of three residents. Rent and utilities must be paid by the residents who must manage their own units. They will buy their own food for dinner and cook it. Breakfast and lunch foods will be provided at the center, but the residents will be responsible for its preparation and/or cooking. Participants will have more freedom, more privacy, and less discipline. They will be expected to apply what they have learned in Phase Two and succeed in all areas of their lives.

Each resident will be required to save at least one quarter of his salary. The

savings will be done through EMMANUEL UNLIMITED which will return the total amount saved by the resident when he leaves the program. Savings withdrawals will be approved only in rare and emergency circumstances. Residents with high income will be encouraged to invest some of their money.

By the end of Phase Three, the resident should have acquired the necessary personal, interpersonal, behavioral, educational, vocational, financial, moral and spiritual skills to succeed in life.

FAMILY SUPPORT SERVICES

The primary purpose of the Family Support Services (FSS) is to promote positive, healthy family relationships. The word "family" here is extended to include not only direct family members, but also any friend, sponsor, employer, or anyone else who is in some way affiliated with the resident and interested in his welfare. FSS will conduct the Family Forum which will have the following four components:

- a. Codependency, Family Roles, and Detachment
- b. Communication
- c. Feelings
- d. Disease Concept

Each component will be comprised of lectures, handouts, and experiential exercises. The concept of Thinking-Feeling-Acting cycles that can either help or hinder relationships will be introduced and related to each component.

The primary goals of FSS are didactic in that the services are aimed at increasing the educational level of the participants to the effects of alcohol, drugs, crime, and other problems on family and other relationships, and at increasing the participants' awareness of how he or she has been affected and can now learn to cope with those effects. The secondary goals of FSS are to assist in the referral of participants to appropriate agencies, practitioners, groups, or classes for resolution of identified problems.

Through FSS, reducing family conflicts will be facilitated by improving communication skills, encouraging the appropriate expression of feelings, and identifying problems with the right referrals made for their resolution. Also, the residents will learn how to build a strong support system. Identifying how old family roles can sabotage rehabilitation, recovery and personal development and introducing methods of building a good and beneficial support network will be an important focus of FSS.

Another important service to be offered by FSS is an special outreach to the members of the resident's immediate family. When funds permit, those members will have the opportunity to receive counseling, educational and vocational opportunities, medical and dental services, childcare, emergency food, clothes, bus passes, furniture, and financial assistance. The Family Support Services will be available to any resident and his family during any phase of his program.

XI: NEEDED RESOURCES

The Christian Embassy must have the following resources in order to carry out its programs and services:

a. Physical -- three 3-4 bedroom houses, each having a large kitchen, dining room, living room and/or den, and at least one full bathroom. Each house should have at least one other room which will be used as an office and multi-purpose room. A garage and fairly large yard will also be necessary. Such houses will be leased for a term of three years. The lease amount shall not exceed \$2,700 per month for all three homes. Two vans and a car will also be necessary to provide transportation to the residents and do errands.

b. Personnel -- having a qualified, competent and caring staff is a major priority for The Christian Embassy. During its first year, the program will need to have three full-time employees and one part-time worker.

A **volunteer** staff must also be recruited to perform a variety of work. Ministers, doctors, attorneys, accountants, psychologists and counselors, social workers, business leaders, university professors, and other professionals will be encouraged to volunteer time and expertise in the program, without monetary gain. We will also need people to prepare the food, help maintain the building, type, answer the telephone, stuff envelopes, etc.

c. Money -- will come from individuals, churches, local, state and federal government agencies whenever possible, corporations and private foundations. Fundraising activities will be ongoing. The proposed budget for the first year is \$228,000.

XII. PROGRAM STRUCTURE

The Christian Embassy is a program of EMMANUEL Unlimited, a nonprofit organization which is governed by a Board of Directors. The Board establishes policies, reviews operations, oversees the finances, holds quarterly meetings and makes recommendations.

Policies will be implemented by an Executive Director selected and appointed by the Board. The Executive Director will have a paid staff consisting of a Program Director, Development Director, Counseling Director, Social Services Director, Food Service Director, and an Administrative Assistant. The Executive Director will also supervise the Volunteer Services Director and the Director of the Spiritual Department -- both working without monetary compensation.

Furthermore, the Board makes the Executive Director responsible for the development of plans for research, evaluation, and long term planning to guide the Board in policy development. The Executive should have a master's degree in public administration, business, social work, or one of the social sciences, and two to three years of administrative experience preferably in social services.

EMMANUEL Unlimited will directly oversee all financial activities of The Christian Embassy.

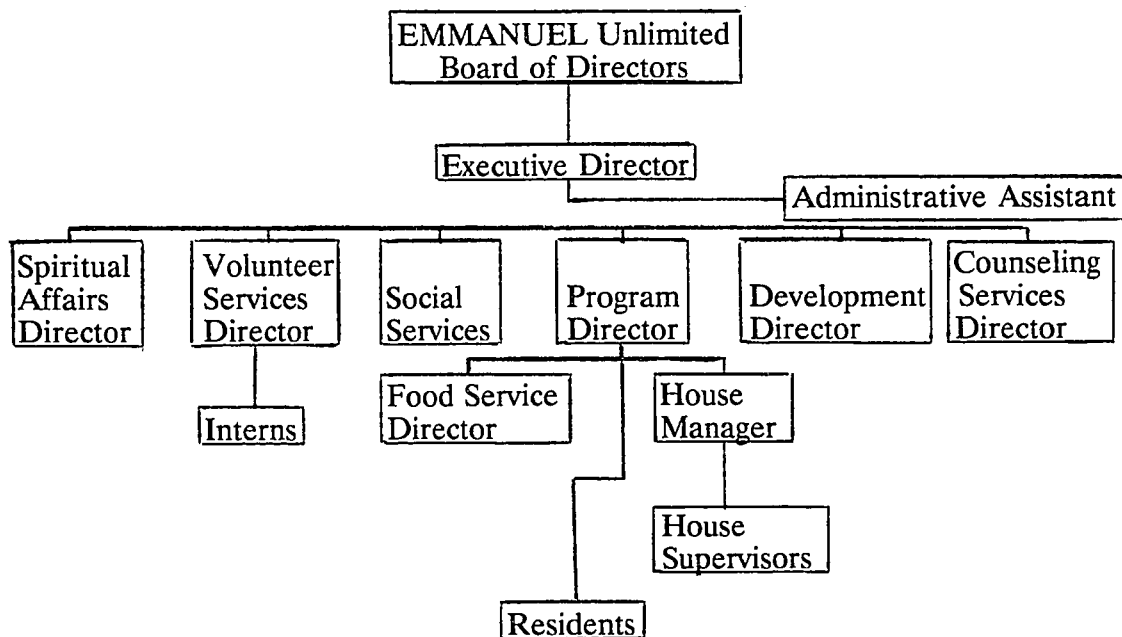
XIII. ORGANIZATIONAL PLAN

Initially, The Christian Embassy will operate with a small staff that will include the founder of EMMANUEL Unlimited whose backgrounds and qualifications have been outlined. He will serve as Executive Director and be assisted by an Administrative Assistant, a Program Director, a Social Services Director, a Volunteer Services Director, a Spiritual Affairs Director, a Development Director, a Counseling Director, a House Manager, and Interns. The anticipated positions, annual salaries for the first year, and year of initial hirings are as follows:

ANTICIPATED POSITIONS, SALARIES & YEAR OF HIRINGS

<u>Position</u>	<u>Salary</u>	<u>1</u>	<u>2</u>	<u>3</u>
Executive Director	\$34,800	X		
Program Director	\$22,800	X		
Spiritual Director	N/A	X		
Counseling Director	\$22,600			X
Food Service Director	\$20,100		X	
Social Service Director	\$22,600		X	
Volunteer Director	N/A	X		
Development Director	\$31,000		X	
Adm. Assistant	\$19,200	X		
House Manager	\$11,400	X		
Secretary 1	\$18,500		X	
Secretary 2	\$18,500			X
House Supervisor 1	\$ 9,700		X	
House Supervisor 2	\$ 9,700			X
House Supervisor 3	\$ 9,700			X
Interns	N/A		X	

ORGANIZATIONAL CHART



The **Executive Director** will be the chief administrator of The Christian Embassy, and will, subject to the control of EMMANUEL Unlimited, direct and administer the total operation of The Christian Embassy, including the interpretation and execution of established policies, the development of procedures and methods, maintenance of an adequate staff, and evaluation of the program. The Executive Director will develop and recommend for approval by EMMANUEL's President operating goals and plans for the attainment of long range objectives established by the Board of Directors.

Furthermore, the Executive Director will produce with the assistance of staff colleagues adequate budgets for the operation of the Program, serve as chief of the program staff, develop job descriptions when necessary, employ, supervise, train, and appraise personnel. Volunteer recruitment, training, and supervision

also fall under the responsibilities of the Executive Director.

The Executive Director will report directly to the president of EMMANUEL Unlimited. All other directors will report to the Executive Director and network with other agencies, institutions, businesses, and members of the community, in their area of responsibility.

The **Program Director** will oversee resident intake, referral, urine analysis, instruction, discipline, and resident evaluation. He or she will also supervise the House supervisors and trainees, the clerical staff, and the residents as to job assignment, training, and performance. The Program Director will also be responsible for the overall maintenance of the facility, the inventory, and the purchase of material and supplies.

The **Development Director** will be charged with the responsibility of managing activities related to the analysis, planning, execution, control and evaluation of fundraising. The fundraising approach must support the financial needs and long range objectives of the Board of Directors.

The **Counseling Director** will be responsible for the selection and training of counselors, assignment of counselors to residents, psychological testing and referral. Planning and conducting awareness and skill-building sessions for interpersonal and group relationships.

The **Volunteer Services Director** will recruit, select and train volunteers for all departments, and assign tasks on a week to week, month to month, or project to project basis. The Volunteer Director will also coordinate the internship programs. Finally, the Volunteer Director will also be responsible for setting up and supervise a volunteer recognition system.

The **Director of Spiritual Affairs** will oversee all ministers, ministries and spiritual activities of The Christian Embassy.

The **Social Services Director** will be responsible for assessing resident's personal needs, securing appropriate services, and handling master scheduling of activities, including medical, dental, optical, legal, vocational, and educational services.

The **Food Service Director** will be responsible for the procurement of food, menu planning, preparation and serving of all meals and snacks.

The **House Manager** and **House Supervisors** will supervise the residents in the areas of job performance, behavior, attendance and participation in scheduled activities. They will also be responsible for the safety of residents and facilities. House Supervisors will report to the House Manager who reports to the Program Director.

Interns will be college students involved in various academic fields. They will be recruited by the Director of Volunteer Services in order to perform a variety of tasks under the supervision of a department director. Interns will receive high quality, on-the-job training as well as academic credit from their respective colleges and universities.

At least one salaried staff will be on duty at The Christian Embassy at all times. The Executive Director or his/her representative will be on call 24 hours a day for any emergency situations. Of all the directors, only the Volunteer Services Director and the Director of Spiritual Affairs may work part-time and they will not receive monetary compensations. At least one staff meeting will held every week and staff training will be ongoing.

The Executive Director may, with the approval of EMMANUEL Unlimited, dismiss any director, employee or volunteer of The Christian Embassy. The directors have the authority to dismiss any of their subordinates with the permission of the Executive Director. Finally, the resident group also falls within the program's organizational structure in that whenever appropriate, they will participate in the decision-making process and internal programs within the program.

XIV. STAFFING PLAN

Full-time paid staff will be on duty at all times at The Christian Embassy. The Executive Director, the Program Director, the Administrative Assistant, and the House Manager will work a minimum of 40 hours a week. The House Manager and House Supervisors will reside at The Christian Embassy. Each home will have at least one day-time House Supervisor and at least one night-time House Supervisor. The Executive Director or his representative will be on call for any emergency situations that may arise.

Monthly meetings will be held to discuss the staffing needs of the Program and to accommodate any changes needed in a given month.

Staff training will be ongoing. Members of the staff will be encouraged and often required to attend training workshops, lectures, and presentations offered by various area agencies. Staff will also be encouraged to enroll in university or college courses that will better equip them for effectiveness in the respective tasks. In-house training sessions will be held monthly. Technical topics for such sessions will be:

- Co-dependency and family members of substance abusers
- Health and Safety (including First Aid and CPR)
- Community involvement and referring agencies
- Staff enrichment
- Underserved population
- Data Collecting and maintaining records
- Etiology of alcohol, other drugs, and crime
- Relapse prevention

- Recovery principles and 12-step program
- Structure of EMMANUEL Unlimited
- Program Operations
- Conflict resolution
- Multi-cultural sensitivity
- Communication and stress management

Most importantly, on-going staff training will be in the area of staff personal leadership development. In order to be most effective and meet EMMANUEL's goals and objectives, the staff needs to be and/or do the following:

- **Be in control:** You are expected to lead; so things must be planned out.
- **Be organized:** If you are not organized then the residents won't be.
- **Stay calm:** If you panic when problems occur you will not be thinking clearly to make the right decisions.
- **Delegate:** Good leaders allow others to have responsibilities.
- **Be a good example:** What you do in moderation, the residents might do in excess.
- **Be dependable:** You must make your word mean something; you should not make idle threats or empty promises.
- **Be honest:** Admit your own mistakes and be vulnerable. Few people can identify with people who think that they are perfect.
- **Expect setbacks:** Take a rigid stand of total flexibility, and when something goes wrong, smile and adjust.
- **Be approachable:** Let the residents know that they can come to you whenever they want and for whatever reason.

- **Listen:** You do not have to come up with all the answers.
- **Respect confidentiality:** Don't be a gossip, although you may need to ask senior staff for help and insight.
- **Confront sin:** Give people the freedom to fail but also confront them in love. Don't let things slide.
- **Remember names:** That communicates that they are important.
- **Invest time:** Carve out quantity and quality time for each individual resident.
- **Encourage Often:** Catch the residents being good and build their self-esteem. Believe in them and teach them to show initiative.
- **Above all, love unconditionally:** Love through words and actions, no matter what.

The Christian Embassy will be staffed 24 hours a day. Office hours will be from 8:00 A.M. to 5:00 P.M., Monday through Friday, and from 8:00 A.M. to 1:00 P.M. on Saturdays. The office will be closed during holidays, but house supervisors will be on duty in their respective homes of operation. On Sundays and holidays, the office will be open twice a day to accommodate residents who need medication to be dispensed.

XV. WORK & RESPONSIBILITY BREAKDOWN

In order to ensure a successful implementation of program plans, the following eight steps (among others) will be taken:

- 1. Secure initial finances.** \$44,850 will be needed to begin the program. Emmanuel Corneille will handle this project. The funds must be raised by August 15, 1993.
- 2. Find suitable facilities.** The center should have maximum flexibility in terms of enrollment and participation possibilities. At any one time, the program should be able to house a minimum of twenty-four residents and accommodate most of the program's rehabilitation, developmental, training and learning, intellectual, and spiritual activities. Emmanuel Corneille will act as Facility Search Coordinator. The target date to move in the facility is September 1, 1993.
- 3. Prepare main program essentials:** admission criteria, intake form and procedure, program policies and contract, house rules, daily activities schedule, referral program, and evaluation systems. Emmanuel Corneille has already prepared most of these essentials.
- 4. Select program staff.** Job descriptions must be prepared; positions advertised; and applicants screened. Emmanuel Corneille will supervise the staffing process. All staff positions should be filled by August 15, 1993.
- 5. Secure two vehicles.** Emmanuel Corneille will be contacting auto dealerships, churches and businesses in order to challenge them to provide an automobile to the program. The goal is to have a car and two vans August 1, 1993.

6. Secure supplies and materials. Emmanuel Corneille will handle procurement until the selection of a Program Manager and Food Service Director. Donations of food items, furniture, linens, appliances, office equipments, etc, must be secured by August 15, 1993.

7. Prepare and execute a marketing plan. Emmanuel Corneille, founder of EMMANUEL Unlimited is responsible for this project. The plan was ready as of June 15, 1993.

8. File the application for certification and licensing. Emmanuel Corneille will prepare such application and send it to the State of California Department of Alcohol and Drug Abuse Programs, by December 1, 1993. Also, by that date, he must have applied to be a service provider for the Santa Clara County of Alcohol and Drug Programs.

XVI. MARKETING AND PLANNING PROJECT

Emmanuel Corneille has identified three areas of concern related to the creation of The Christian Embassy. They are:

1. Establishing a "marketing" program to build good community relations with churches, politicians, business and civic leaders, media, and other influential parties that can provide support for The Christian Embassy on an on-going basis.

2. Create the base of funding for The Christian Embassy. Assessing the current funding profile, examining all funding possibilities, and seeking to implement long-range plans for providing funding security.

3. Purchasing or building The Christian Embassy's own center within five years. Assessing the need for purchase or building of adequate facilities, examining various options for doing this, examining construction needs and options, and conducting a feasibility study for at least one of these options, prior to actually becoming involved in such projects.

Time Factors

All of the above will require some time, thought, careful analysis, and participation by a variety of persons in the community. Of particular concern is the potential purchase or construction of a building, which would later involve a capital campaign.

The goal should be set at 12 to 18 months to complete a comprehensive program. In other words, between September 1, 1993 and March 1, 1995, the above-mentioned three key areas of concern should be addressed and programs should be in place. If a capital campaign follows, it should require 18 to 24 months to complete, a target date of August 1997.

Proposed Work

The basic work proposed by Emmanuel Corneille will involve:

- meeting and interviewing key EMMANUEL Unlimited personnel and supporters of The Christian Embassy
- assessing community attitudes regarding The Christian Embassy
- creating action plans
- researching and identifying potential funding and other support
- soliciting the necessary funding
- implementing basic action plans
- training staff and volunteers, as may be required for any of the above areas.

Steps to be Taken

Step One

Prioritize needs, problem, and overall goals of The Christian Embassy through meeting with all key personnel involved, including influential parties outside of EMMANUEL Unlimited, the community, or related matters.

Create a consensus of the priorities regarding needs, problems to be addressed, and overall goals. Break these down into stated, measurable objectives for all three areas that would provide The Christian Embassy and all involved parties with clear indicators of success in various segments of the project.

Establish working relationships, a hierarchy, and a decision-making mechanism to ensure at all times that the project is moving forward and that

everyone is informed and supportive of the stated goals and objectives. Include models of revising goals and objectives that allow for changes in economic or political climate, personnel, or unforeseen circumstances.

Depending on the initial funding available for the project, it may be necessary to devote some of this time to researching potential funding sources for completion of the remainder of the project.

At the end of Step One, specific basic plans should be drawn for each of the areas, which may be used by The Christian Embassy and EMMANUEL to inform interested parties and potential funding sources of the goals and objectives of the project. An emphasis would be put on having a fairly complete plan for the first area of concern (marketing), so that some of the needed work in this area could be conducted while the other areas are being more carefully planned. Their success would be dramatically improved by the marketing program.

Step One should take 2 1/2 to 3 months. It will involve 10 to 12 hours per week for 10 to 12 weeks, at \$20 per hour, costing between \$2,000 and \$2,880. Emmanuel Corneille will conduct Step One in order to save money. A consulting firm would charge a minimum of \$5,500 to perform the same work. Additional expenses for graphics, printing, and other needs would be around \$1,000.

Step Two

Implementation of the marketing program, which will include direct, proactive public relations work to raise the positive profile of The Christian Embassy throughout the community, will be managed and guide by Emmanuel Corneille.

Detailed planning, including interviews with community leaders, creation of support mechanisms for funding, and solicitation of funding for completion of the project would be done during this step.

Budgeting the costs of the various new programs should be completed and included as part of the respective plans. In addition to the budgeting, sources of the funding to cover any increased costs must be identified.

At the completion of this step, some very specific funding program plans will be completed, a feasibility study will be ready to be conducted, and preliminary results of the marketing plan should be evident.

Step Two should take 3 1/2 to 5 months. It will involve 10 to 12 hours per week for 15 to 20 weeks, at \$30 per hour, costing between \$4,500 and \$7,200.

Emmanuel Corneille will also carry out Step Two, unless a Development Director has been hired. A competent consulting firm would charge a minimum of \$9,000 for the work involved in Step Two. Additional expenses for research, data entry, graphics, printing, and other needs would be \$2,500.

Step Three

The final phase will involve coordinating, supervising, training, and implementing any and all funding programs that have been planned and are ready for implementation. It will also involve conducting the feasibility study for the purchase of adequate facilities or for a construction project.

The feasibility study will include getting a current estimate on the costs of purchase or construction. Based on these costs, a study of key prospective funding sources will be made to assess what it would take for The Christian Embassy to complete the purchase of facilities or the construction project.

Funds would not be raised at this time for this project, unless someone being interviewed express a desire to fund the project based on the interview. An assessment of the business, political, religious, and general community would be made to see what kind of people should be involved, how the money should be raised, what negative and/or positive images should be addressed in the campaign, what the funding profile should look like for financing the capital campaign, and what time frame is required for accomplishing it.

Step Three will result in an improved funding profile, including identification of many new sources, training for staff and volunteers in securing those funds which may include the use of a fundraising consultant, in addition to the involvement of the Development Director if any. Annual campaign. special events, and other contribution mechanisms will be ready for implementation and underway, if appropriate. Some new funds may actually be in hand at this time.

Step Three will also result in a document that can be used by The Christian Embassy, the Facilities Committee and EMMANUEL's Board of Directors to guide the capital campaign. Interviews with potential campaign counsel will be set up. At any case, at least a few alternatives should be examined to insure The Christian Embassy of the best possible campaign counsel for this important project.

Step Three should take 6 to 8 months. It will involve 12 to 15 hours per week for 25 to 34 weeks, at \$40 per hour, costing between \$12,000 and \$20,400. A competent consulting firm would charge a minimum of \$25,000 for the work involve in Step Three. Additional expenses for research. data entry, graphics, printing, office space, office supplies, mailing costs, and other needs would be \$5,000.

Summary of Necessary Steps and Costs

Step 1. Mission: Basic planning for the three key areas of concern: Marketing, Funding, and Purchase or Construction. Interview EMMANUEL's key personnel to achieve a consensus for goals and objectives, begin basic marketing work as possible, create two basic plans for long-range projects and specific detailed plan for marketing.

Time Frame: 2 1/2 to 3 months.

Cost: \$2000 to \$2,880, plus \$1000 expenses.

Step 2. Mission: Implementation of the marketing program, detailed planning, including interviews with community leaders, creation of support mechanisms for funding, and solicitation of funding for completion of the work would be done during this step. Preliminary results of the marketing plan should be evident.

Time frame: 3 1/2 to 5 months.

Cost: \$4,500 to \$7,200, plus \$2,500 expenses.

Step 3. Mission: Conducting, supervising, training, and implementing any and all funding programs ready for implementation. Feasibility study for the purchase or construction project, a study of key prospective funding sources would

be made to assess what it would take for The Christian Embassy to complete the purchase or construction project. Improved funding profile, including identification of many new sources, training for staff in securing those funds. Interviews with potential campaign counsel will be set up.

Time frame: 6 to 8 months.

Cost: \$12,000 to 20,400 plus \$5,000 expenses.

The project has been broken into steps to allow maximum flexibility in the process of achieving goals, re-assessing needs, and funding the completion of the whole project. The total cost of the work will be between \$18,500 to 30,489. A competent consulting firm would charge between \$36,000 and \$60,000 for the entire work. Additional expenses are estimated at a total of \$8,500. This marketing work will be treated as an independent project; thus, no funds will be allocated for it in the budget.

XVII. MANAGEMENT INFORMATION SYSTEM

EMMANUEL strongly believes in the importance of having a well built management information system at The Christian Embassy, one that yields information on program effectiveness and efficiency. We will require that data be generated that will support decision making based on what is in the best interest of the residents -- on information about what services are most effective with what types of residents and what types of problems. We will only be interested in information that is useful and adequate.

The following steps will be followed in the design of our management information system:

Step 1. Identify relevant data elements that will produce useful information and the questions the system is expected to answer. The data elements will be : client demographic and descriptive characteristics, client social history data, client problem/strength profile, staff descriptive characteristics, material resources, facilities, equipment, service tasks, method of intervention, outputs/service completions, intermediate client outcome, and ultimate outcomes.

Step 2. Examine every variable that will be a part of the system and develop a matrix to help in selecting the variables to be used later in data analysis.

Step 3. Design output tables which are data displays of columns and rows to be used as basic documents for building management information.

Step 4. Design data collection instruments that should answer the following questions during the creation of such instruments or forms:

- a. What is the purpose of the form?
- b. What data elements should be included in the form?

c. Who will collect the data?

d. At what intervals (one time only, daily, monthly, or other) will the data be collected?

Step 5. Develop the data entry procedures. This will require the creation of a code book which will be used to translate client data into numbers that can be processed by a computer.

Step 6. Compile and analyze the data. Software packages will be used to produce tables that will cover a wide variety of management needs. Staff will then examine the tables for indicators that performance is within an acceptable range for the month.

EMMANUEL Unlimited is greatly committed to the quality and relevance of services provided to the residents of The Christian Embassy and will insist on building and maintaining an effectiveness-based management information system.

XVIII. FINANCIAL PLAN

The following budget, which has not been reviewed by an independent CPA, provides detailed financial projections for the first year of operation. These projections represent management's best estimates of future financial performance.

The Christian Embassy expects to have a surplus of \$44,850 at the end of year one. This money will be used to pay salaries, rent, utilities, for the first three months of the second year, and cover some other operational expenses during that period.

The Christian Embassy will accept and be fully thankful for the responsibility of being accountable for the good stewardship of all donations and grants received from the various supporters of the program. In the area of stewardship and accountability, The Christian Embassy will encompass both Biblical rules, which are the highest authority, and the laws of the land. EMMANUEL Unlimited intends to join the Evangelical Council for Financial Accountability as soon as possible.

PROPOSED BUDGET FOR FISCAL YEAR 1993-1994

REVENUES (Estimated)			
<u>Description</u>	<u>Amount</u>	<u>% of Total REV.</u>	
Individual Donation	20,000.00	8.8%	
Grants	70,000.00	30.7%	
Churches	75,000.00	32.9%	
Fundraising	35,000.00	15.3%	
Residents	<u>28,000.00</u>	<u>12.3%</u>	
Total Revenues	228,000.00	100.0%	
EXPENSES (Estimated)			
<u>Description</u>	<u>Amount</u>	<u>% of Total EXP.</u>	<u>% of Total REV.</u>
Salaries & Fringes			
Executive Director	34,800.00	19.0%	15.3%
Program Director	22,800.00	12.4%	10.0%
Adm. Assistant	19,200.00	10.55	8.4%
House Manager	11,400.00	6.2%	5.0%
Fringe Benefits	<u>19,100.00</u>	<u>10.4%</u>	<u>8.4%</u>
Total Salaries & Fringes	107,300.00	58.5%	47.1%
<u>Other Expenses</u>			
Lease - Bldgs.	36,000.00	19.7%	15.8%
Household Supplies	1,300.00	0.8%	0.6%
Office Supplies	1,100.00	0.6%	0.5%
Food	2,600.00	1.4%	1.1%
Medical & Dental Fees	1,800.00	1.0%	0.8%
Educational Programs	2,000.00	1.1%	0.9%
Repairs & Maint. - Bldg.	1,700.00	0.9%	0.7%
Repairs & Maint. -Equip.	950.00	0.5%	0.4%
Utilities	6,200.00	3.4%	2.7%
Telephone	1,400.00	0.8%	0.6%
Postage/Shipping	1,000.00	0.5%	0.4%
Dues/Memberships	500.00	0.3%	0.2%
Public Relations	1,100.00	0.6%	0.5%
Transportation	1,500.00	0.8%	0.7%
Travel	1,400.00	0.8%	0.6%
Training	1,000.00	0.5%	0.4%
Accounting	7,000.00	3.8%	3.1%
Insurance	5,500.00	3.0%	2.4%
Misc.	<u>1,800.00</u>	<u>1.0%</u>	<u>0.8%</u>
Total Other Expenses	75,850.00	41.5%	33.2%
Gross Total	183,150.00	100.0%	
SURPLUS / (DEFICIT)	44,850.00	N/A	19.7%

XIX. COST-EFFECTIVENESS ANALYSIS

The Christian Embassy is strongly committed to being cost-effective in every area of operation. Unnecessary bureaucracy will always be avoided so that the cost of delivering the services will remain at a minimum.

The U.S. government as well as state and local governments are spending tremendous amount of money (perhaps not enough in the right way) for programs and services to help the poor and other needy people but the poor are still poor and the needy are still needy.

According to the U.S. Department of Justice, federal, state, and local governments spent over \$61 billions in fiscal year 1988 for civil and criminal justice services. Between 1979 and 1988, total expenditures for state and local corrections grew from \$22.6 billion to \$26 billion. Estimates indicate that the average cost of a bed in a maximum security prison is between \$21,000 and \$155,300 per year. The National Institute of Correction (1982) reported that the average annual cost of providing for a federal inmate was \$13,000 a year.

The Santa Clara County Department of Correction spends an average of \$66 a day per inmate jailed at their facilities. Shelter cost per person per day in Santa Clara County is an average of \$11.83, although the services provided by the various shelters are limited in that most of them only offer temporary shelter and food. In fiscal year 1989, over \$5.7 million dollars in operational costs were spent by area shelters. This amount does not include support services and contributions of food and supplies to these facilities.

In fiscal year 1993, The Christian Embassy will offer a wide variety of comprehensive services, as presented in this plan, to 24 poor, homeless, alcoholics, drug addicts, ex-inmates and/or others in need, at the highly cost-effective spending of \$21.19 per resident per day.

The total cost of operation of The Christian Embassy for the first year will be \$183,150 or \$7,631.25 per resident per year, or \$635.93 per resident per month, or **\$21.19 per resident per day**. This cost covers all direct and indirect costs -- indirect cost being the expenditure items proposed to be incurred by the Program for the benefits of support activities in the form of support services, such as counseling, emergency housing, food, clothing, and referrals, to residents family members when applicable and to at least 100 additional, needy non-residents.

XX. PROGRAM EVALUATION

Program evaluation is extremely important to EMMANUEL Unlimited. Through evaluation we intend to accomplish two main purposes: to assess the relative success of The Christian Embassy in meeting its stated goals and objectives, and to identify potential sources of program improvement in current program operations.

Four major categories of program evaluation will be undertaken in order to provide the kinds of information EMMANUEL wants to have about program functioning. They are:

- 1. Effort evaluation** -- exclusively concerned with the documenting the quantity of activity that takes place within the Program -- how much and what type of service is being provided? This will be done in order to provide basic activity information in order to strengthen and improve management control of the program.
- 2. Outcome Evaluation** -- to examine results achieved with the residents, and seek to identify the extent to which the program's outcome objectives were achieved.
- 3. Adequacy of Performance Evaluation** -- concerned with the extent to which the community's need, as determined in the planning process, has been met by The Christian Embassy.
- 4. Cost-Efficiency/Cost-Effectiveness Evaluation** -- looking at the cost per unit of providing services and the costs of achieving results.
- 5. Furthermore, internal evaluation** will also be performed on an ongoing basis. The Executive Director will be evaluated by the Board of Directors of EMMANUEL Unlimited. The staff will be evaluated by the Executive Director in accordance with the Board's evaluation policies. Also, every year, the Board

will set program objectives and state the guidelines for an Annual Review. The Annual Review indicates to the Board the strengths and weaknesses of the program, whether goals were met, why objectives were not reached, and what actions to take to ensure the desired success. Program staff is expected to constantly be identifying resident needs, establish philosophy, goals and objectives responsive to those needs and evaluating the effectiveness of the systems and services.

Also, to assure the public, as well as EMMANUEL Unlimited, of appropriate operations, The Christian Embassy will conduct **yearly in-house, financial audits** through the services of a Certified Public Accountant; and to further maintain the integrity of the program their financial books will be audited on an ongoing basis by the Board of Directors.

Finally, EMMANUEL will encourage **voluntary evaluation** of the Program by the county's Bureau of Alcohol and Drug Services, Department of Corrections, Social Services Department, Human Resources Department, and Housing Department.

XXI. CONCLUSION

The Christian Embassy is indeed an ambitious, but highly worthy effort, spurred by a proven need for adequate assistance to those who have been shunned by society in one way or another, a sincere desire to help people get on their feet and succeed in life, and a commitment to the value and dignity of all people.

The program plans to very adaptive in its development especially in the areas of funding mechanisms and the kind of services to be delivered. The Board will offer a great level of flexibility which will allow a highly individualized program -- addressing each resident's needs and solving a wide range of problems. The only anticipated political problem involves the licensing of the program. The state may not like the idea that Bible studies will be a required activity. However, we believe that a solid Christian foundation is what our residents need to achieve their God-given full potential. We are determined and well equipped to help people in need, one at a time, to cross the bridge back to dignity; and, by the grace of God, we will.

The Christian Embassy is not a handout, but is an outreached hand, showing the love and concern of God and program supporters for the less fortunate.

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